Case 09-02016-ee Doc 114 Filed 09/02/09 Entered 09/02/09 16:13:29 Desc Main Document Page 1 of 50

### MONTHLY OPERATING REPORT

CHAPTER 11

	Premience H	
CASE NUMBER	: 09 -0 7016.	ee For Period July to July 31, 2009.
THIS REPORT IS the United States signature.	S DUE 15 DAYS AFTE Trustee has waived the r	R THE END OF THE MONTH. The debtor must attach each of the following forms unless equirement in writing. File with the court and submit a paper copy to UST with an original
Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one -	attached or waived)	
×	{ }	Comparative Balance Sheet (FORM 2-B)
X	{ }	Profit and Loss Statement (FORM 2-C)
•	{ }	Cash Receipts & Disbursements Statement (FORM 2-D)
K	{ }	Supporting Schedules (FORM 2-E)
<b>%</b>	{ }	Narrative (FORM 2-F)
***	{ }	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)
best of my know	ledge and belief.	e following Monthly Operating Report and any attachments thereto, are true and correct to the
Executed on:	8/13/09 (date)	Debtor(s)*: Plesalence Health LLC
		By:** Spelail School
		Position: CEO
		Name of preparer: Chris Goly
		Telephone No. of Preparer 601-981-0070 ext 233

<sup>\*</sup> both debtors must sign if a joint petition

<sup>\*\*</sup> for corporate or partnership debtor

CASE NAME: PRESIDE LC

CASE NUMBER: 09-6 7016-80

COMPARATIVE BALANCE SHEET

ASSETS:	Filing Date	Month	Month	Month	Month	Month	Month
CHREENT ASSETS:	131109	6/30/02	7/31/09				
Cost.	570,988	016 550	513,396				
Accounts Receivable Net.	960,787	55 los					
Inventory, at lower of cost or market	365,455	372,870	402,769				
Prepaid expenses & deposits	118,110	151,593	170,837				
Other							
TOTAL CURRENT ASSETS	Z019 337	2002 363	1,360,452				
Property, plant & equipment	7386097	C 20 ,085,2   7,386,09	Z,386,097				
Less accumulated depreciation	(828 4428)	(m5/02,25 (59052 2) (858 44)	(20,261,504)	·			
net property, plant & equipment	14) 769	13364 124,593	124,593				
OTHER ASSETS	78 192	54193	56.762				
,			•				
TOTAL OTHER ASSETS	26184	54193	56.762				
TOTAL ASSETS.	2,209,298		ונדיוויס,				

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

from May 3) to Jone 9 are not available Adjustments

FORM 2-B Page 1 of 2 1/08

CASE NAME: Prevalence Health LLC	V							
CASE NUMBER: 09-02016-ee		COMPARA	COMPARATIVE BALANCE SHEET	SHEET				
LIABILITIES:	Filing Date #	Month	Month	Month	Month	Month	Month	
POST-PETITION LIABILITIES:	5(31)09	6/30/0g	7131109	Carlotte Comments				
Taxes payable (Form 2-E, pg.1 of 3)								
Accounts payable (Form 2-E, pg.1 of 3)		१५ ६०९	90,953					
Other. Accorded Mayoff Vacahion		135,461	255,201					
TOTAL POST-PETITION LIABILITIES:		OL0 082	589 951				·	
PRE-PETITION LIABILITIES:								
Notes payable - secured,								
Priority debt.							,	
Unsecured debt.	5856600	5,732,291	2530525					
Other								
TOTAL LIABILITIES	5550600	59,02,361	5927239					
EQUITY (DEFICIT)			-					
PREFERRED STOCK	5 994 (25	5 944,125	5,994 125					
COMMON STOCK								
RETAINED EARNINGS:								
Through filing date	(124,250,92	124 58967 (124,280,00 × 124,280,	<9635 421>					
Post filing date		< 131, 499 >	4244,1667					
TOTAL EQUITY (NET WORTH)	(302,140,82	cal, 3027 K3,772, 801X 43, 885, 468	43,885,46g		٠			
TOTAL LIABILITIES & EQUITY	2,209,298	1(6,140,2 02, 381,2,041,7)	וכר וויס,					

Adjustments from May 31 to some 9 are not available

FORM 2-C 1/08

PROFIT AND LOSS STATEMENT CASE NUMBER: 09 - 020 16- ee

CASE NAME: Presidence Health LLC

	Month 🛧	Month	Month	Month	Month	Month
	willog - with	41		٠		
NET REVENUE.	1.234, 205	1,136,933				
COST OF GOODS SOLD:						
Material	1,028,341	948,313				
Labor - Direct.				•	The state of the s	
Manufacturing Overhead						
TOTAL COST OF GOODS SOLD:	1,028,341	948,373				
GROSS PROFIT:	205,864	788,560				
OPERATING EXPENSES:						
Selling and Marketing						
General and Administrative (rents, utilities, salaries, etc.).	328,598	791,324				
Other	-					
TOTAL OPERATING EXPENSES						
INTEREST EXPENSE.		1,491				
INCOME BEFORE DEPRECIATION OR TAXES:	< 122, 234>	4104,2557	·			
DEPRECIATION OR AMORTIZATION	8765	2148				
EXTRAORDINARY EXPENSES *	4	•	٠		*	
INCOME TAX EXPENSE (BENEFIT)	φ					
NET INCOME (LOSS)	<131,499> <112,667>	4112,667>				

\* Adjustments from May 31 to Jone 30 \*Requires explanation in NARRATIVE (Form 2-F)

CASE NAME: Prevalence Hea	1th LLC CAST	E NUMBER: <u>09 -0 2016-</u> 0	<u>e</u>
CASH RECEIPT	S AND DISBURSE	MENTS STATEMENT	
For Perio	d July 1 to Ju	1, 31, 2009	
Beginning Cash Balance (Ending Cash F from last month's report)	CASH RECONCILIA Balance	\$ 616,350	
<ol> <li>Cash Receipts (total Cash Receipts from 2 of all FORM 2-D's)</li> <li>Cash Disbursements (total Cash Disburs from page 3 of all FORM 2-D's)</li> <li>Net Cash Flow</li> <li>Ending Cash Balance (to FORM 2-B)</li> </ol>		\$ 1,212,758 \$(1,315,912) \$ (103,154) \$ 513,396	
CASH	SUMMARY - ENDIN	NG BALANCE	
<ol> <li>Real Estate Account</li> <li>Trust Account Or P Account</li> <li>Operating and/or Personal Account</li> <li>Payroll Account</li> <li>Tax Account</li> <li>Other Accounts (Specify checking or savings)</li> <li>Cash Collateral Account</li> <li>Petty Cash</li> <li>TOTAL (must agree with line 5 above)</li> </ol> *These amounts should be equal to the premonth's disbursements.	Amount*  \$	Financial Institution  Regions Bank  Regions Bank  for the account plus this month's the second plus th	receipts less this
ADJUSTED CASH DISBURSEMENTS Cash disbursements on Line 3 above less inter-account transfers & UST fees paid  * NOTE: This amount should be used to determine UST quarterly fees due and a with Form 2-D, page 2 of 4.	\$ <u>1,309,31Z</u>	Disbussmanls Ilc Transfers Trustee Papertts	1,315,912 2 100 > 26,500 > 1,309,312 FORM 2-I Page 1 of

Case 09-02016-ee Doc 114 Filed 09/02/09 Entered 09/02/09 16:13:29 Desc Main Document Page 6 of 50

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

## **QUARTERLY FEE SUMMARY**

MONTH ENDED July 31 2009

Payment Date January February March	Cash Disbursements * \$ \$ \$	Quarterly Fee Due	Check No.	Date .	
Total 1st Quarter	\$	. \$			
April May June Total	\$\$ \$\$ 825,337	A			* Atally
2nd Quarter	\$ 825,337	\$ 4,875	61179	7/20/09	* Actually paid 6,500.00
July August September Total	\$_1,309,312 \$ \$				
3rd Quarter	\$	\$			
October November December	\$ \$ \$				
Total 4th Quarter	\$	\$		· ·	
	DISBURSEMENT (	CATEGORY QUAI	RTERLY FEE I	DUE	
	\$0 to \$14,999.99		\$325		
	\$15,000 to \$74,999.		\$650		
	\$75,000 to \$149,999		\$975		
	\$150,000 to \$224,99		\$1,625		
	\$225,000 to \$299,99		\$1,950 \$4.875		
	\$300,000 to \$999,99 \$1,000,000 to \$1,99		\$4,875 \$6,500	÷	
	\$2,000,000 to \$2,99		\$9,750		
	\$3,000,000 to \$4,99		\$10,400		
	\$5,000,000 to \$14,9		\$13,000		
	\$15,000,000 to \$29		\$20,000		
	\$30,000,000 or mor	e	\$30,000		

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

<sup>\*</sup> Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health LLC

CASE NUMBER: <u>09-02016-ee</u>

#### CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period July 1 to July 31, 2009

Account Name: Presalence Headiccount Number: 9001 277993

#### CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date Description (Source)

Amount

Total Cash Receipts

\$ 1,212,758

## Prevalence Health LLC

July 2009 Cash Deposits

Date	Patient Co-Pay	S111
7/1/2009		\$166
7/1/2009	Patient Co-Pay	\$826
7/1/2009	Sale of Expired Inventory Insurance / Medicaid / Medicare	\$1,162
7/1/2009	Insurance / Medicaid / Medicare	\$6,428
7/1/2009	Insurance / Medicaid / Medicare	\$44,010
7/1/2009	***************************************	\$44,010 \$49
7/2/2009	Patient Co-Pay	\$55
7/2/2009	Patient Co-Pay Insurance / Medicaid / Medicare	\$61
7/2/2009	Insurance / Medicaid / Medicare	\$6,324
7/2/2009	Insurance / Medicaid / Medicare	\$10,389
7/2/2009	Insurance / Medicaid / Medicare	\$68,140
7/2/2009	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$00,140 \$10
7/3/2009	Patient Co-Pay	\$160
7/6/2009	Patient Co-Pay Insurance / Medicaid / Medicare	\$100 \$146
7/6/2009 7/7/2009	Patient Co-Pay	\$685
7/7/2009	Insurance / Medicald / Medicare	\$5
7/7/2009	Insurance / Medicaid / Medicare	\$42
7/7/2009	Insurance / Medicaid / Medicare	\$282
7/7/2009	Insurance / Medicaid / Medicare	\$7,792
7/7/2009	Insurance / Medicaid / Medicare	\$16,108
7/7/2009	Insurance / Medicaid / Medicare	\$21,872
7/7/2009	Insurance / Medicaid / Medicare	\$61,955
7/8/2009	Patient Co-Pay	\$36
7/8/2009	Patient Co-Pay	\$102
7/8/2009	Insurance / Medicaid / Medicare	\$1,152
7/8/2009	Insurance / Medicaid / Medicare	\$56,978
7/9/2009	Patient Co-Pay	\$2
7/9/2009	Patient Co-Pay	\$113
7/9/2009	Insurance / Medicaid / Medicare	\$21
7/9/2009	Insurance / Medicaid / Medicare	\$6,214
7/9/2009	Insurance / Medicaid / Medicare	\$8,649
7/9/2009	Insurance / Medicaid / Medicare	\$55,847
7/9/2009	Insurance / Medicaid / Medicare	\$134,040
7/10/2009	Patient Co-Pay	\$213
7/10/2009	Insurance / Medicaid / Medicare	\$11,808
7/13/2009	Patient Co-Pay	\$69
7/13/2009	Insurance / Medicaid / Medicare	\$1,027
7/14/2009	Patient Co-Pay	\$135
7/14/2009	Patient Co-Pay	\$169
7/14/2009	Insurance / Medicaid / Medicare	\$22,749
7/14/2009	Insurance / Medicaid / Medicare	\$71,848
7/15/2009	Patient Co-Pay	\$82
7/15/2009	Patient Co-Pay	\$749
7/15/2009	Insurance / Medicaid / Medicare	\$3
7/15/2009	Insurance / Medicaid / Medicare	\$165

Dates: Marking Peach Puon (Source) Marking Transport	Amount
7/15/2009 Insurance / Medicaid / Medicare	\$901
7/15/2009 Insurance / Medicaid / Medicare	\$13,059
7/15/2009 Insurance / Medicaid / Medicare	\$53,168
7/16/2009 Patient Co-Pay	\$3
7/16/2009 Patient Co-Pay	\$42
7/16/2009 Insurance / Medicaid / Medicare	\$456
7/16/2009 Insurance / Medicaid / Medicare	\$6,815
7/16/2009 Insurance / Medicaid / Medicare	\$13,452
7/16/2009 Insurance / Medicaid / Medicare	\$22,809
7/16/2009 Insurance / Medicaid / Medicare	\$61,024
7/17/2009 Insurance Refund	\$285
7/17/2009 Patient Co-Pay	\$50
7/17/2009 Patient Co-Pay	\$59
7/17/2009 Insurance / Medicaid / Medicare	\$12,387
7/20/2009 Patient Co-Pay	\$60
7/20/2009 Insurance / Medicaid / Medicare	\$2,485
7/21/2009 Patient Co-Pay	\$82
7/21/2009 Insurance / Medicaid / Medicare	\$225
7/21/2009 Insurance / Medicaid / Medicare	\$248
7/21/2009 Insurance / Medicaid / Medicare	\$404
7/21/2009 Insurance / Medicaid / Medicare	\$5,874
7/21/2009 Insurance / Medicaid / Medicare	\$22,448
7/21/2009 Insurance / Medicaid / Medicare	\$28,220
7/21/2009 Insurance / Medicaid / Medicare	\$41,701
7/22/2009 Patient Co-Pay	\$42
7/22/2009 Insurance / Medicaid / Medicare	\$1,477
7/22/2009 Insurance / Medicaid / Medicare	\$44,443
7/23/2009 Patient Co-Pay	\$5
7/23/2009 Insurance / Medicaid / Medicare	\$927
7/23/2009 Insurance / Medicaid / Medicare	\$6,881
7/23/2009 Insurance / Medicaid / Medicare	\$17,894
7/23/2009 Insurance / Medicaid / Medicare	\$19,195
7/23/2009 Insurance / Medicaid / Medicare	\$52,498
7/24/2009 Patient Co-Pay	\$72
7/24/2009 Patient Co-Pay	\$86
7/27/2009 Patient Co-Pay	\$4
7/27/2009 Patient Co-Pay	\$12
7/27/2009 Inventory Purchase Rebate	\$48
7/27/2009 Insurance / Medicaid / Medicare	\$606
7/27/2009 Insurance / Medicaid / Medicare	\$34,994
7/28/2009 Insurance / Medicaid / Medicare	\$322
7/28/2009 Insurance / Medicaid / Medicare	\$63,902
7/29/2009 Patient Co-Pay	(\$5)
7/29/2009 Patient Co-Pay	\$55
7/29/2009 Insurance / Medicaid / Medicare	\$1,369
7/29/2009 Insurance / Medicaid / Medicare	\$33,363
7/30/2009 Insurance / Medicaid / Medicare	\$10
7/30/2009 Insurance / Medicaid / Medicare	\$5,901
7/30/2009 Insurance / Medicaid / Medicare	\$8,127
7/31/2009 Insurance / Medicald / Medicare	\$15,326
	\$1,212,758

CASE NAME: <u>Prevalence Health LLC</u>

CASE NUMBER: 09-02016-ee

#### CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period July 1 to July 31, 2009

Account Name: frewlence Head Count Number: 900 1 277 993.

CASH DISBURSEMENTS JOURNAL (attach additional sheets as necessary)

Date Check No.

Payee

Description (Purpose)\*

Amount

**Total Cash Disbursements** 

\$ 1,315,912

<sup>\*</sup>Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

# Prevalence Health LLC

July 2009 Cash Disbursements

Date	Num	Name	Lescaption (Purpose)	Ameuni
7/1/2009	wire 7 1 2009	Amerisource	Inventory	(\$69,761)
7/1/2009	wire 7 1 2009	Amerisource	Inventory	(\$44,311)
7/1/2009	Wire 7 1 2009	Blue Cross Blue Shield Of MS	Employee Medical Insurance	(\$10,806)
7/1/2009	61094	FedEx	Product Delivery	(\$1,372)
7/1/2009	Wire pmt1	Home Diagnostics, Inc.	Inventory	(\$6,912)
7/2/2009	61090	Lincoln Financial	Employee Benefits	(\$2,902)
7/2/2009	wire 7 2 2009	Pitney Bowes-INTERNAL USE ONLY	Postage - Product Delivery	(\$500)
7/2/2009	wire 7 2 2009	Regions Bank	Bank Fees	(\$93)
7/2/2009	61091	UPS	Product Delivery	(\$10,940)
7/3/2009	wire 7 3 2009	Pitney Bowes-INTERNAL USE ONLY	Postage - Product Delivery	(\$200)
7/6/2009	61095	Advocate Solutions	Outsourced Pharmacists	(\$664)
7/6/2009	wire 7_6_09	Amerisource	Inventory	(\$68,878)
7/6/2009	61096	Arleatha Nichols	Employee Expense Reimbursement	(\$90)
7/6/2009	61097	AT&T - Florida	Phone Services	(\$885)
7/6/2009	61098	AT&T - LA/MS	Phone Services	(\$626)
7/6/2009	61103	AT&T- ABN Acct.	Phone Services	(\$1,548)
7/6/2009	61102	Big Red Storage No. 1	Offsite Storage	(\$99)
7/6/2009	61099	BRDP- Baton Rouge Duplicating Products	Office Supplies	(\$65)
7/6/2009	61101	Christopher W Benton	Outsourced Pharmacists	(\$400)
7/6/2009	61100	Cintas Corporation	Pharmacy Supplies	(\$160)
7/6/2009	61106	Cooley & Associates, Inc.	Outsourced Accounting	(\$3,319)
7/6/2009	61108	CSC- Corporation Service Company	Corporation Representation	(\$341)
7/6/2009	61105	Demco	Utilities	(\$525)
7/6/2009	61107	Florida Power & Light	Utilities	(\$687)
7/6/2009	61109	Global Crossing Telecommunications	Corporate Internet	(\$451)
7/6/2009	61110	Kentwood Springs	Office Supplies	(\$52)
	61111	Lifoam Industries LLC	Pharmacy Supplies	(\$1,683)
7/6/2009	61113	Machost Road LLC	Louisiana Office Lease	(\$7,738)
7/6/2009	61114	Ohio Department of Job & Family Services	Taxes	(\$157)
7/6/2009	61115	Pitney Bowes Global Financial Services LLC	Product Delivery System Software & Maintenance	(\$2,656)
7/6/2009 7/6/2009	61116	Reliance Standard	Employee Benefits	(\$397)
7/6/2009	61117	Stanley Convergent Security Solution	Security Service	(\$420)
	61118	Sun Microsystems Global Financial Services	Computer Lease	(\$1,579)
7/6/2009	61119	Tri State Distribution, Inc.	Pharmacy Supplies	(\$1,307)
7/6/2009		UPS	Product Delivery	
7/6/2009	61120		WasteManagement .	(\$10,977)
7/6/2009	61121	Waste Management - Baton Rouge		(\$205) (\$383)
7/6/2009	61122	Waste Management - Florida	WasteManagement Inventory	
7/7/2009	wire 7 7 09	Amerisource	•	(\$52,729)
7/7/2009	Wire7/7/09	Home Diagnostics, Inc.	Inventory	(\$1,248)
7/7/2009	61126	Quill	Office Supplies	(\$230)
7/8/2009	wire 7 8 09	America Lagring	Inventory	(\$38,984)
7/8/2009	61128	Banc Of America Leasing	Lease	(\$292)
7/8/2009	Wire 7/7/09	DDP Medical Supply & Diamond Diabetic Products	Inventory	(\$580)
7/8/2009	61130	Michael Anthony	Employee Expense Reimbursement	(\$1,246)
7/8/2009	61127	OmniSys, Inc.	Claims Processing	(\$1,707)
7/9/2009	Wire 7 10 09	American Express	Corporate Credit Card Expenses	(\$2,237)
7/9/2009	wire 7 9 09	Amerisource	Inventory	(\$59,601)
7/9/2009	wire 7 9 09	Pitney Bowes-INTERNAL USE ONLY	Postage - Product Delivery	(\$500)
7/9/2009	wire 7 9 09	Regions Bank	Bank Fees	(\$866)

	Num	THEORY INVOICE OF SET BILLS FOR A RECEIVED DESIGNATION OF SET PROPERTY OF A SECURIOR OF SERVICE OF A SECURIOR OF SET AND A SECURIOR OF SECURIOR	Description (Europe)	(\$454)
7/9/2009	61131	<del></del>	Pharmacy Supplies	
7/10/2009	wire 7 10 09		Inventory	(\$16,752) (\$63,488)
7/13/2009	wire 7 13 09	Amerisource	Inventory	(\$1,379)
7/13/2009	wire 7 13 2009	Amerisource	Inventory	(\$1,379) (\$1,379)
7/13/2009	wire 7/13/09	Bayer HealthCare LLC	Inventory	(\$1,742)
7/13/2009	61134	FedEx	Product Delivery Utilities	(\$2,534)
7/13/2009	61135	Florida Power & Light	Utilities	(ψ2,554) (\$18)
	61136	Gas Utility Dist. #1	Employee Expense Reimbursement	(\$20)
7/13/2009		Gerald Waguespack	Corporate Internet	(\$451)
7/13/2009		Global Crossing Telecommunications  Ikon Office Solutions	Equipment Lease	(\$207)
7/13/2009			Office Supplies	(\$35)
7/13/2009		Kentwood Springs	Security Service	(\$53)
7/13/2009		Kertz National Alarm Systems, Inc. Lifoam Industries LLC	Pharmacy Supplies	(\$764)
7/13/2009		Reliance Standard	Employee Benefits	(\$177)
7/13/2009		UPS	Product Delivery	(\$12,859)
7/13/2009		Will-cutt Lawn Service	Lawn Service	(\$120)
7/13/2009			Computer Co-Location	(\$2,050)
7/13/2009		Zayo Managed Services	Inventory	(\$39,139)
	Wire 7 14 2009	Amerisource	Postage - Product Delivery	(\$500)
	wire 7 14 09	Pitney Bowes-INTERNAL USE ONLY Westport Business Park Associates LLP	Florida Building Lease	(\$11,104)
7/14/2009		Amerisource	Inventory	(\$38,333)
7/15/2009		Amerisource	Inventory	(\$4,024)
7/16/2009	wire 7 16 09		Inventory	(\$37,877)
7/16/2009		Amerisource Quill	Office Supplies	(\$77)
7/16/2009			Postage - Product Delivery	(\$200)
7/17/2009		Pitney Bowes-INTERNAL USE ONLY Aetna Maintenance, Inc.	Janitorial Services	(\$500)
7/20/2009		Amerisource	Inventory	(\$45,390)
7/20/2009 7/20/2009		AT&T - Florida	Phone Services	(\$186)
7/20/2009		AT&T - LA/MS	Phone Services	(\$626)
7/20/2009		AT&T- ABN Acct.	Phone Services	(\$1,911)
7/20/2009		Avaya Financial Services	Corporate Phone Lease	(\$2,300)
7/20/2009		Bayou Cajun Termite & Pest Control, LLC	Pest Control	(\$75)
7/20/2009		Blue Ox, LLC	Outsourced Accounting	(\$3,313)
7/20/2009		Christopher W Benton	Outsourced Pharmacists	(\$400)
7/20/2009		Cintas Corporation	Pharmacy Supplies	(\$160)
7/20/2009		City of Zachary	Utilities	(\$10)
7/20/2009		CobraSource, Inc.	COBRA Administration	(\$66)
7/20/2009		Community Coffee LLC	Office Supplies	(\$132)
7/20/2009		Devesa Exterminating Corp.	Pest Control	(\$55)
7/20/2009		Global Compliance Services, Inc.	Office Supplies	(\$125)
7/20/2009		Halsey & Griffith	Office Supplies	(\$52)
7/20/2009		Intercon Associates Inc.	Office Supplies	(\$114)
7/20/2009		Intuit	Office Supplies	(\$34)
7/20/2009		Iron Mountain	Shredding Service	(\$142)
7/20/2009		Iron Mountain Information Management d/b/a Live Vault	Data Backup Service	(\$1,913)
7/20/2009		Kubra Tennessee LLC	Statement Processing	(\$1,387)
7/20/2009		Moore Wallace An RR Donnelley Co.	Office Supplies	(\$1,975)
7/20/2009		PFS of the South, Inc.	Insurance	(\$8,480)
7/20/2009		Pitney Bowes Inc.	Office Supplies	(\$178)
	Wire 7 20 09	Regions Bank	Bank Fees	(\$20)
7/20/2009		RelayHealth, Inc.	Claims Processing	(\$1,436)
7/20/2009		Service Janitorial LLC dba SanServe Building Services	Janitorial Services	(\$569)
7/20/2009		Shelia Gibbs	Employee Benefits	(\$14)
7/20/2009		Shred-it	Shredding Service	(\$45)
			-	• •

bate 12	Number 1982	Name	Description (Eurose)	Amount
7/20/2009	61177	Sprint	Phone Services	(\$2,821)
7/20/2009	61179	U.S. Trustee	Trustee Payment	(\$6,500)
7/20/2009	61181	UPS	Product Delivery	(\$11,148)
7/20/2009	61182	Will-cutt Lawn Service	Lawn Service	(\$120)
7/21/2009	wire 7 21 09	Amerisource	Inventory	(\$13,543)
7/21/2009	61186	Pitney Bowes Global Financial Services LLC	Product Delivery System Software & Maintenance	(\$6,224)
7/21/2009	61184	The Lincoln National Life Insurance Company	Employee Benefits	(\$769)
7/21/2009	61185	Young Williams P.A.	Misc Expense	(\$75)
7/22/2009	wire 7 22 09	Amerisource	Inventory	(\$10,354)
7/22/2009	Wire 7/20/09	DDP Medical Supply & Diamond Diabetic Products	Inventory	(\$1,528)
7/22/2009	Wire 7/16/09	DDP Medical Supply & Diamond Diabetic Products	Inventory	(\$454)
, 7/22/2009	Wire pmt72209	Home Diagnostics, Inc.	Inventory	(\$10,306)
7/22/2009	61187	Kerioth	Corporate Office Lease	(\$7,904)
7/23/2009			Transfer to Prevalence DIP Account	(\$100)
7/23/2009	wire 7 23 09	Amerisource	Inventory	(\$21,310)
7/23/2009	Wire 7/23/09	DDP Medical Supply & Diamond Diabetic Products	Inventory	(\$2,715)
7/24/2009	wire 7 24 09	Amerisource	Inventory	(\$11,476)
7/24/2009	61188	Arleatha Nichols	Employee Expense Reimbursement	(\$724)
7/24/2009	Wire 7/24/09	Bayer HealthCare LLC	Inventory	(\$3,658)
7/24/2009	wire 7/24/09	Pitney Bowes-INTERNAL USE ONLY	Postage - Product Delivery	(\$200)
7/27/2009	61189	ACS Edi Gateway, Inc.	Claims Processing	(\$210)
7/27/2009	Wire 7/27/09	Amerisource	Inventory	(\$34,820)
7/27/2009	61190	AT&T - Florida	Phone Services	(\$881)
7/27/2009	61191	AT&T - LA/MS	Phone Services	(\$1,426)
7/27/2009	61193	Data Keepers LLC	Offsite Storage	(\$144)
7/27/2009	61192	Demco	Utilities	(\$586)
7/27/2009	61194	Kentwood Springs	Office Supplies	(\$49)
7/27/2009	61195	Moore Wallace An RR Donnelley Co.	Office Supplies	(\$320)
7/27/2009	61196	Pitney Bowes Inc.	Office Supplies	(\$50)
		Stanley Convergent Security Solution	Security Service	(\$86)
7/27/2009		Sun Microsystems Global Financial Services	Computer Lease	(\$1,579)
7/27/2009		UPS	Product Delivery	(\$9,226)
		Amerisource	Inventory	(\$38,570)
7/29/2009		Amerisource	Inventory	(\$71,457)
7/30/2009		Amerisource	Inventory	(\$58,249)
7/30/2009		Home Diagnostics, Inc.	Inventory	(\$7,656)
	Wire 7 30 09	Pitney Bowes-INTERNAL USE ONLY	Postage - Product Delivery	(\$1,000)
7/31/2009		·	Employee Payroll	(\$57,890)
7/31/2009	837		Employee Payroll	(\$57,523)
7/31/2009	837		Employee Payroll	(\$73,412)
7/31/2009	838		Employee Payroll	\$6,402
7/31/2009	839	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Miscellaneous Expense	(\$218)
7/31/2009	Wire 7 31 09	Amerisource	Inventory	(\$59,727)
7/31/2009	Wire 7 30 09	Bayer HealthCare LLC	Inventory	(\$11,767)
			::::::::::::::::::::::::::::::::::::::	(ψιι,/Ο/)
7/31/2009	Wire7/31/09	DDP Medical Supply & Diamond Diabetic Products	Inventory	(\$1,890)

CASENAME: Prevalence Health LLC

CASE NUMBER: 09 -02016- ee

#### CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period July 1 to July 31, 2009

Account Name: Presalence Hea Account Number: 0101894579

DFP

#### **CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

Date Description (Source) Amount

7/23/09

Transfer from Prevalence Health

Operations Account

490012779937

**Total Cash Receipts** 

\$ 100

CASE NAME: <u>Presalence Health LLC</u>

CASE NUMBER: 09-02016- ee

#### CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 51, 1 to 51, 31, 2009

Account Name: Pealence Healthaccount Number: 0101894579

CASH DISBURSEMENTS JOURNAL (attach additional sheets as necessary)

Date Check No. Payee

Description (Purpose)\*

Amount

**Total Cash Disbursements** 

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

Case 09-02016-ee Doc 114 Filed 09/02/09 Entered 09/02/09 16:13:29 Desc Main Document Page 16 of 50

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

#### SUPPORTING SCHEDULES

For Period July 1 to July 31, 20 09

## POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES					·	
·						
OTHER .			·			
TOTALS			\$ <i>5</i> 6,781	\$ 34,17 2	\$	\$

# Prevalence Health, LLC July 31 2009 Trade Payables

Vencer 2		No and the second of the second			
Iron Mountain	7/31/2009	APM1259	8/30/2009	0	\$201.29 0-30
Iron Mountain Information Management d/b/a Live Va		30041426	8/30/2009		\$1,921.42 0-30
OmniSys, Inc.	7/31/2009	496827	8/30/2009	0	\$1,027.25 0-30
OmniSys, Inc.	7/31/2009	496826	8/30/2009	0	\$1,143.50 0-30
Quill	7/31/2009	O# 07312009	8/30/2009	0	\$484.58 0-30
Quill	7/31/2009	8357590	8/30/2009	0	\$400.23 0-30
ULINE	7/31/2009	O# 31764956	8/30/2009 .	0	\$434:75 0-30
Wells Fargo Financial Leasing	7/31/2009	6745159529	8/15/2009	0	\$298.03 0-30
Blue Ox, LLC	7/31/2009	19	7/31/2009	0	\$3,125.00 0-30
Journal	7/31/2009	854	7/31/2009	0	(\$7,782.84) 0-30
FedEx	7/30/2009	9-278-84727	8/14/2009	1	\$989.40 0-30
North Shore Gas	7/30/2009	6/9-7/14/09	8/14/2009	1	\$69.26 0-30
AT&T - LA/MS	7/29/2009	0592 7/29-8/28/09	8/26/2009	2	. \$624.56 0-30
Arleatha Nichols	7/29/2009	7/29-8/2/09	7/29/2009	2	\$353.30 0-30
AT&T - Florida	7/28/2009	1806 7/28-8/27/09	8/25/2009	3	\$21.74 0-30
AT&T - Florida	7/28/2009	1802 7/28-8/27/09	8/25/2009	3	\$124.91 0-30
AT&T - Florida	7/28/2009	1809 7/28-8/27/09	8/25/2009	3	\$38.86 0-30
FedEx	7/28/2009	9-276-22347	8/12/2009	3	\$13.00 0-30
Michael Anthony	7/28/2009	7/1-7/31/09	7/28/2009	3	\$2,141.43 0-30
Sprint	7/27/2009	Activity through 7/26/09	8/21/2009	4	\$2,820.65 0-30
Global Crossing Telecommunications	7/26/2009	9032165481	8/25/2009	5	\$287.14 0-30
Avava, Inc.	7/26/2009	2729047343	7/26/2009	5	\$761.48 0-30
UPS	7/25/2009		8/12/2009	6	(\$4,784.73) 0-30
FedEx	7/23/2009	9-271-15224	8/7/2009	8	\$1,376.68 0-30
American Express	7/23/2009		7/23/2009	8	\$7,250.44 0-30
Banc Of America Leasing	7/21/2009	011093620	8/15/2009	10	\$326.50 0-30
Florida Power & Light	7/21/2009	6/19-7/21/09	8/10/2009	10	\$1,572.17 0-30
FedEx	7/21/2009	9-268-38378	8/5/2009	10	\$13.00 0-30
Avaya Financial Services	7/21/2009		7/21/2009	10	\$1,150.15 0-30
Big Red Storage No. 2	7/21/2009	8380	7/21/2009	10	\$99.00 0-30
The Lincoln National Life Insurance Company	7/21/2009		7/21/2009	10	(\$768.86) 0-30
Cintas Corporation	7/20/2009	overpmt on inv. # 549766462	7/20/2009	11	(\$13.61) 0-30
CobraSource, Inc.	7/20/2009	150835	7/20/2009	11	\$66.00 0-30
Hamilton Partners	7/20/2009		7/20/2009	11	\$14,769.94 0-30
Machost Road LLC	7/20/2009	•	7/20/2009	11	\$7,737.50 0-30
Westport Business Park Associates LLP	7/20/2009		7/20/2009	11	-\$11,103.57 0-30
Westwood Square, P/S/P	7/20/2009		7/20/2009	11	\$250,00 0-30
AT&T- ABN Acct.	7/19/2009	1219297008	8/13/2009	12	\$1,008.87 0-30
Reliance Standard	7/18/2009	Policy# GL142450, LTD116405	7/18/2009	13	\$385.75 0-30
Reliance Standard		Policy# VAR203951	7/18/2009	13	\$11.10 0-30
Reliance Standard	7/18/2009		7/18/2009	13	\$177.40 0-30
Toyota Financial Services	7/17/2009	•	8/9/2009	14	\$207.09 0-30
Data Keepers LLC	7/17/2009		8/1/2009	14	\$70.00 0-30
FedEx	7/16/2009		7/31/2009	15	\$985.97 0-30
North Shore Gas	7/16/2009	_	7/31/2009	15	\$69.30 0-30
FedEx	7/14/2009		7/29/2009	17	\$13.00 0-30
Broward County Revenue Collector	7/14/2009	Local Business Tax Renewal	7/14/2009	17	\$45.00 0-30
ComEd- Commonwealth Edison	7/8/2009	6/8-7/8/09	8/7/2009	23	\$479.16 0-30
T-Mobile	7/8/2009	6/8-7/7/09	8/2/2009	23	\$46.08 0-30
Young Williams P.A.	7/7/2009	49592 Pre	9/5/2009	24	\$1,011.50 0-30
Quili	7/7/2009	7838019	8/6/2009	24	\$230.24 0-30
CIT Technology Financial Services	7/2/2009	14677746	7/22/2009	29	\$260.27 0-30
Anda	7/2/2009	780875	7/2/2009	29	(\$30.00) 0-30
Hamilton Partners	7/2/2009	090702-10786	7/2/2009	29	\$2,080.33 0-30
Will-cutt Lawn Service	7/1/2009	7/2, 7/16, 7/30/09	7/31/2009	30	\$180.00 0-30
THE WALL MAILT WALLIAM					

Kentida di kasalangan di kasalan	Date	ENOTE SEE THE	DUE DATE DAY	a Olfo 4	Openigalance	Caledon, P.
Anda	7/1/2009	775310	7/1/2009	30	(\$47.54)	
Anda	7/1/2009	774707	7/1/2009	30	(\$48.43)	0-30
					\$56,781.78	0-30 Total
eFax Corporate	6/30/2009	74509	7/30/2009	31	\$115.80	31-60
Wells Fargo Financial Leasing	6/30/2009	6745121525	7/15/2009	31	\$298.03	31-60
Avaya, Inc.	6/26/2009	2728939461	6/26/2009	35	\$761.49	31-60
Quill	6/25/2009	7630617	7/25/2009	36	\$312.56	31-60
Hamilton Partners	6/20/2009		6/20/2009	41	\$14,769.94	31-60
Kerioth	6/20/2009		6/20/2009	41	\$5,500.00	31-60
Westwood Square, P/S/P	6/20/2009		6/20/2009	41	\$250.00	31-60
Home Diagnostics, Inc.	6/17/2009	1291150	8/16/2009	44	. \$1,719.00	31-60
Home Diagnostics, Inc.	6/15/2009	1290916	8/14/2009	46	\$7,656.00	31-60
North Shore Gas	6/15/2009	5/13-6/12/09	6/30/2009	46	\$2,789.23	31-60
					\$34,172.05	31-60 Total
					\$90,953.83	<b>Grand Total</b>

Prevalence Health, LLC Accrued Expenses - Month End Accruals July 2009

<u>Description</u>	<u>Amount</u>
Inventory Accrual	15,653
LA Script Fees	2,067
Outstanding Payroll Checks	10,996
2008 Audit & Tax Return	1,979
2008 FL operating expenses - Rent	1,284
401k Admin Fees	1,650
Florida Property Taxes	3,515
Louisiana Property Taxes	13,300
Accrued Payroll & Vacation	55,292_
Total Accrued Expenses	105,736
Balance per GL	105,736
Difference	(0)

CASE NAME: _	Plevalence	Health	<u>LLC</u> CASE N	UMBER:	09-020 16-60	
	For Period 5.4		TING SCHEDI		, 20 <u>_</u> 09	
•	ACCO	UNTS REC	EIVABLE AGI	NG REPOR	T	

ACCOUNT NAME	INCURRED	DUE	0-30	31-60	61-90	OVER 90
	·					
						•
		,				

8/12/2009

Prevalence Health, LLC Accounts Receivable Summary As of 7/31/09

Receivable from:		Current	 31-60	 61-90	8	1 - 120	 120+	 Total
Insurance (Medicald) Patients (Co-Pay)	\$	611,340 15,490	\$ 39,703 20,506	\$ 28,757 19,453	\$	18,078 14,775	\$ 183,238 129,561	\$ 881,116 199,785
Total Accounts Rec	\$	626,830	\$ 60,209	\$ 48,210	\$	32,853	\$ 312,799	\$ 1,080,901
Estimated Reserve Insurance Patients		5,401 0,25% 25.0%	10,352 0.25% 50.0%	20,028 2.0% 100.0%		15,679 5.0% 100.0%	221,180 50.0% 100.0%	272,640
AR per ScripIMed Deposits in NelSuite not Scriptmed Deposits in Scriptmed not NetSuite	\$ \$ \$	1,080,901 (41,113) 736						
Adjusted AR per ScriptMed		1,040,524						
AR per GL		1,040,524						
Difference		(0.13)						

Prepared by:\_\_\_\_\_\_

Prevalence Health - LA 5323 Machost Rd Zachary LA 70791

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	Total \$997- \$1,682.5	\$2,112.5	\$473.6 57.804	53,875.8	325,956.5	71,015.8	25,663.9	\$1,8259 \$1,059.5	10,990.2 32.202.0	40,7593	\$706.1	36,231.4	67 56.1 \$31 6	74.874.4	34,050.7	\$2,189.8	\$73.9	36,216.1	\$155.9	58,810.56	21,649.4 8,723.5
	1 Tr.		*		•	•	ં		<b>5</b>		7	6	•		<b>ы</b> с			<del>o</del>			9
	360+ \$0:00 \$251.81	994-27 \$0.00	\$31.91 57.81	15,958.61	2,000.36	341.20	321.12	\$0.00	\$76.96 \$0.00	00.00	45.01	3,675.95	94.82 \$0.00	63.78	\$898.56 \$162574	378.49	\$0.00 \$0.00	\$326.29	\$0.00	14.23	18.85 61 <i>7</i> .8
	C S	9	<b>f</b>	\$15,	\$2,	\$1,0	\$11,0				Š	\$3,6	37.	3.63	\$	8		83		9	\$1,2
	\$0.00 \$0.00	205.93 112.59	\$0.00 847.67	13,844.72 \$289.96	,150.92	,088.40	,870.65	\$0.00 \$0.00	408.63 250.35	294.13	661.10 تعرفت	8,416.87	33.4T	748.55	766.97	84.00	\$0.00	515.37	55.99	20.00	54.80 16.00
	15.	\$25		\$13,	51.	\$5,	\$12,	<b>97</b>	<b>6</b>	\$ 1000		\$8,	oes:	200	8		6	88	5		<b>51.</b> 3
	71-150 \$0.00 \$5.66	\$0.00	\$80.82	\$471.95	\$192.44	1,084.43	5,760.17	\$65.67 \$0.00	\$433.44 \$399.66	\$4842	\$0.00	\$975.22	27675 \$0.00	294.67	\$398.87	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00	\$427.90 \$0.00
	12		•			4	· <del>o</del>				7. A.	The Application of the Applicati	8	Carlot Services							•
	1-120 50 00 \$4.82	\$0.00 \$0.00	\$0.00	3134.70 \$30.48	\$0.00	\$67.13	062.93	\$20.20	\$7.56 \$52.04	1647776	\$0.00	,067.76	285.68 531.62	45.33	\$0.00	520.95	573.99	530.49	\$0.00 \$0.00	\$0.00	\$4.53 62.85
	6			,			\$2			**************************************	Del Was as	\$1	66	28							
	61-90 80,00 \$0.00	\$0.00	\$0.00	5689.58 531.5166	\$484.70 #0.00	561.32	,958.81	\$0.00	4784750 031.02	35.26	\$0.00	,048.25	0377 \$0.00	19.69	382.18 se no	\$94.21	\$0.00	\$6.09	50.00	58.33	36.50 36.00
	9		15	<del>os</del> to	Ġ	**	81,9		\$1.0			81,0		87.48	\$3	S.					69
	31-60 \$0.00 \$558.04	\$0.00 \$0.00	\$1.78	304.69 85.61	\$0.00	87.69	22.70	39.90 \$0.00	\$3.58 \$0.00	BATTER!	\$0.00	23.36	61.50	5.98	\$0.00	\$0.00 \$0.00	50.00	58.19	0.00	0.00	10:02 58.42 27.8
ırance	સ ક		***	86		\$4,6	\$2,5			127		\$6	£4.8	\$164		Acto Acoustic		83,53		i i	956
for Insu	ent 1747 32.21	\$2,425,57 \$0.00	\$359.18 7470 RF	1.59	8.15	5.65	7.58	0.8f. 9.32	155 9.00	#566	\$0.00	4.08	0.00	7.00	4.18	2.20	).00 0.00	9.75	00.0	200	
UPC0004 - Summary AR Report for Insurand Aug 1, 2009 ector None Defined	Current \$997 \$862.	\$2,425,57 \$0.00	\$36	\$21,871.59	\$22,12	\$57,685.65	\$87,467.58	*, \$1,039.32 \$1,039.32	\$30.469.00	\$38.78	\$ 50.50	\$20,424.08	\$11,890,20	£17.98	\$31,604.18	\$1,612.20	\$0.00 \$0.00	\$31,769.75	00.08 	\$8,788.00	\$18,048.49 \$18,048.49
ary AR	Secondary Co.	0 F										15. THE					2 O				
4 - Summary 309 None Defined	s migaz aped is yes	EL PAR E PART	2 2 2 2	ID OME	F	ە م	AD.	SW/WS	PART	FARTE	PART	CAID		REILE	디디	PART	T PART	RTD TA	VRE FL	Ψ	ALINEASE STDFL STDIAS
UPC0004 - S Aug 1, 2009 ector Non	ART DE	NERGO IITY CAR	AY PART	MEDICA	PART D PART D	MEDICAL	A MEDIC	ART D F	HEALTH	HEACH	TE NAT	PI MEDI	PPINGED.		RE PART	RE WRAF	PAYMIN	RIPT PA	ALTHO THO	PARTDI	CARE PART D FL
Coll	Current AETLAB ARTIBILA AFL. SEGURIO SEGURIO SEGURIO P.L. \$862.21	AMERICANTROGEIL PARTER COMMUNITY CARE PART D F	COVENTRY PART D LA FLORIDA MEDICAID	FLORIDA MEDICAID DME HEALTHSPRING PART DI	HUMANA PART D FL HIIMANA PART DIKA	ILLINOIS MEDICAID	LOUISIANA MEDICAID	MS BELLE CHOSS LEAMS MEDCO PART D FL	MEMBER HEALTH PART D	WEWBER HEALTHIRARTIO	MARQUETTE NATL PART D F	MISSISSIPPI MEDICAID	MISSISSIPPINED SURPLIES	MANISKS	PACIFICARE PART D FL	PACIFICARE WRAP PART DI	POS TEMP PAYMNT PART D	SILLAD SILVERSCRIPT PART D LA	UNITED HEAL THCARE FI	UNICARE PART D LA	WELLCARE PART D FL
Report Report Date Responsible		AMPROFIED (COMFLD (COMFLD)																			V 52
Report Report Respo	AETE	COMFLD	COVLAD	FLS HSLAD	HUMFLD	SE C	N N	MEDFLD	MEMFLD	NEWLAD	MONFLD	MSM	MSS. NDC! AD	ONN	PACFLD PAGE AD	PACWLAD	POSLAD	SILLAD	HOHO!	QNICAD NICAD	WLCFLD WLCLAD

Prevalence Health - LA 5323 Machost Rd Zachary LA 70791

eport UPC0004 - Summary AR Report for Insu-	R Report for Insu	Irance						
Responsible Collector None Defined	Current	31-60	61-90	91-120	121-150	151-360	360+	Total
Report Totals	\$611,340.96	\$39,703.73	\$28,757.36	\$18,078.58	\$20,308.45	\$20,308.45 \$106,868.96	\$56,062.06	\$881,120.10

CASE NAME: Prevale	nce Health	LLC CASE	NUMBER:C	9-02014	o-ee
		ORTING SCHI			
For Per	riod	to		, 20	
	INS	SURANCE SCHI	EDULE		
Type	Carrier/Agent		Coverage (\$)	Date of Expiration	Premium <u>Paid</u>
Workers' Compensation	Arch Insul	ance	5∞,∞	3/1/10	<u>Yes</u>
General Liability	Arch Specialty	Insurance	3,000,000 Agg.	3/1/10	<u>Yes</u>
Property (Fire, Theft)	Arch Specially Liberty Mutua	Live Ins.	4,250,000 B 3,303,500 F	#3/1/10	<u>Yes</u>
Vehicle	Arch Specialty				
Other (list):			•		
Crime	Westcheskr	Five Ins.	1,000,000	3/1/10	Yes
Directors + Officeis	Darwin Na	tional Ins.	<u> 3,000,000</u>	3/1/10	Yes
	<b>43</b> 7 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
					<b>Marie 1</b>
					***************************************

<sup>(1)</sup> Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

<sup>(2)</sup> For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

Arthur J. Gallagher Risk Management Services, Inc. P. O. Box 16447 Jackson MS 39236-6447	CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ( AND CONFERS NO RIGHTS UPON THE CERTIFICATE DER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR IR THE COVERAGE AFFORDED BY THE POLICIES BELOW.  ERS AFFORDING COVERAGE  Arch Specialty Injurance to.  Darvin Battonal Assiltance Co.  16624
Phone: 601-956-5810 Fax: 601-957-7098  INSURER  Prevalence Health, LLC 4270 I-55 North, Ste 102  Jackson MS 39211  THE POLICIES OF INSURANCE LISTED BELOWINAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTAM, ANY REQUIRBURIT, TEMPARACE APPOSED BY THE POLICY DESCRIBED HEREINS SUBJECT TO ALL THE TEMMS, EXCLUSIONS AND CONTRITORS OF SUPPOLICES, AGORECATE LAWITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS.  INTERMINANCE TYPE OF DISSURANCE POLICY PRIOD DISTRIBUTIONS OF SUPPOLICY STREET, ANY REPORT OF THE POLICY PERIOD DISTRIBUTION OF SUPPOLICY PERIOD DISTRIBUTIO	Arch Specialty Insurance Co. 21199
Prevalence Health, LLC 4270 I-55 North, Ste 102  Jackson MS 39211  THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTAME ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE LISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIPTION HERE IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SU POLICIES, AGGREGATE LISTS ROWN MAY HAVE BEEN REDUCED BY PAN CLAMS.  INSURANCE POLICY PROCESSIONANCE POLICY NUMBER POLICY PROCESSIONANCE POLICY NUMBER POLICY HUMBER DATE (MINDOLTY)  ANY X COMMERCIAL CEMERAL LIABULITY FILIPOD 3074700  12/01/  AUTOMOBILE LIABULITY FROM LICE AUTOMOBILE LIABULITY APPLIES PER POLICY INCOME ALL OWNED AUTOS  INCHOMED AUTOS  INCHOMED AUTOS  INCHOMED AUTOS  OARAGE LIABULITY  ANY AUTO  ALL OWNED AUTOS  INCHOMED AUTOS  OARAGE LIABULITY  ANY AUTO  ANY AUTO  EXCESSIONABELLA LIABULITY  ANY AUTO	10004
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RETENTION \$	\$
WORKERS COMPENSATION AND	WC STATU- OTH-
EMPLOYERS COM-CHARITY	TORY LIMITS ER  EL EACH ACCIDENT \$
ANY PROPRIETORPANTHER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	EL DASEASE - EA EMPLOYEE \$
If yee, describe under	E.L. DISEASE - EX EMPLOTEE \$  E.L. DISEASE - POLICY LIMIT \$
B Directors COfficers · 03042613 12/01	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  Certificate Holder is shown as an additional insured solely with general liability and professional liability coverage as evidence required by written contract.  (Form #02HGJ000300 02/07)	_
CERTIFICATE HOLDER CANO	CELLATION
Ronald H. McAlpin Assistant US Trustee	D ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL  E TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FALURE TO DO SO SHALL  ENO OBLIGATION OR LIABRITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR SENTATIVES.
Jackson MS 39269 ACORD 25 (2001/08)	

	4 <i>C</i>	ORD CERTIF	ICATE OF PROPE	RTYINS	URANGI		OP ID S	DATE (MONDENTY) 06/25/09
Man	hur agei	J. Gallagher Risk ment Services, Inc.	TO A PRODUCT FOR DEAL PROMOTOR AND	ONLY AND HOLDER, TI	CONFERS NO RI HIS CERTIFICATI	GHT: E DO	S A MATTER OF IN S UPON THE CER' ES NOT AMEND, I	FORMATION TIFICATE EXTEND OR
		Box 16447 n MS 39236-6447		ALTER THE			DED BY THE POLICE RDING COVERAGE	
		a B. Chandler : 601-956-5810 Fax	:: 601-957-7098	COMPANY A 3	Liberty Mutual	l Fi	re Insurance	
INSUR	:O			COMPANY B 1	Westchester F	ire	Ins. Co.	
				COMPANY				
		Prevalence Health, LLC 4270 I-55 North, Ste 10 Jackson MS 39211	02	COMPANY				
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CO LTR		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MAYDD/YY)		COVERED PROPERTY	LIMITS
A	x	PROPERTY	YUZL9L450864018	12/01/08	03/01/10	<u> </u>	BUILDING	3
	CAUS	SES OF LOSS BASIC				x	PERSONAL PROPERTY BUSINESS INCOME	\$ 3,303,500 \$ 4,250,000
		BROAD					EXTRA EXPENSE	\$
	x	SPECIAL	Replacement Cost				BLANKET BUILDING	:
		EARTHQUAKE				-	BLANKET PERS PROP	\$
	<u> </u>	FLOOD	24 Hour Writing Period - Interruption of Service			x	Flood	\$ 1,000,000
			including Equip Breakdown			x	1	\$ 1,000,000
		INLAND MARINE				-		\$
	TYPE	E OF POLICY					_	5
								5
	CAU	SES OF LOSS		Veneza de la companya		-	_	<u>s</u>
	-	NAMED PERILS OTHER				-		5
В	x		BMI20061594	12/01/08	03/01/10	+-	Employee Thaft	: 1,000,000
	TYPE	E OF POLICY					Retention	s 10,000
	Cr	rime						\$
	ļ	BOLLER & MACHINERY				L	_	8
<del> </del>	_	OTHER						<b>.</b>
	<u> </u>	UINER				1		
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LOCA	LION O	F PREMISES/DESCRIPTION OF PROPERTY			<u> </u>		·	
					•		•	
-	161 66	HOTTO NS/OTHER COVERAGES						
1			ls - \$10,000; Earth Movement {	100,000 for N	lew			
Ma	dri	.d / \$50,000 for all oth	her locations; Flood \$50,000; ly; 5% Named Storm for Florida	\$50,000 Named	l Storm			
<b>GF</b>	RIT	FICATE HOUDERS AND		CANCELLA	non is see an en			
Shereko	ig exteri	ALTERNATION PROPRIES THE PROPRIES OF THE PROPRIES.	MCALOOO	ROTTES LO DESCRIPTION DE LA PROPERTIE DE LA PORTIE DE LA PROPERTIE DE LA PORTIE	THE ABOVE DESCRIBED POLK	CES BE (	CANCELLED BEFORE THE	
			PICELIOUU	ŀ	E THEREOF, THE ISSUING COM			
		Ronald H. McAlpin		10 DAYSW	RITTEN NOTICE TO THE CERTIF	KATE H	OLDER NAMED TO THE LEFT,	
		Assistant US Trust	ee		MAIL SUCH NOTICE SHALL IM			
1		100 W Capitol Stre Jackson MS 39269	et, Ste 706	OF ANY KIND UP	on the company, its agent	ORRE	PRESENTATIVES.	
1				-/	N.			
AC	ORI	D 24 (1/95) 35 N 772 E 3			wine Chadles		A LACOR	DEORPORATION 1995

NOTEPAD: HOLDER GODE Production of the PAD: HOLDER GODE Production of the PAD: HOLDER GODE NAME: Providence of the PAD:	PAGE 225 ORIDES DATE:0072509
Certificate holder is shown as a loss payee solely with respect property coverage as evidenced herein as required by written of form RM1102 03/08.	是一种,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是 第一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就
10TH RM1102 05/00.	
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CASE NAME: Prevalence Health, CASE NUMBER: 09-02016-ee
For Period July 1 to July 31, 20 09
Please provide a brief description of the significant business and legal action by the debtor, its creditors or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.
see attached
· · · · · · · · · · · · · · · · · · ·
<u> </u>

# NARRATIVE STATEMENT -- PREVALENCE HEALTH, LLC July 2009

The Court entered Final Orders on the various First Day Motions. The Debtor continued to focus on getting its operations consolidated and ready for sale. The Debtor obtained court approval to retain Guy Stillwell of Pharmacy Consultants Associates as the Debtor's consultant to oversee all aspects of the section 363 sale process for the Debtor's assets. Working closely with its consultant and the Committee, the Debtor moved forward with the section 363 sale process by identifying and interacting with possible purchasers. The Debtor also developed an outline of a sales procedures and a sales timetable and provided its consultant with appropriate documentation and information concerning the Debtor's business operation and assets that would be of interest to possible buyers. The Debtor also drafted a model asset purchase agreement to make offers for the assets more comparable.

Administratively, the Debtor attended the 341 meeting of creditors and finalized and filed its Schedules of Assets and Liabilities and Statement of Financial Affairs. The Official Committee of Unsecured Creditors was appointed, and the Debtor participated in conference calls to discuss the status of the bankruptcy case and its direction.

The Debtor continued to focus on maintaining as high a level of profitability as possible in its operations pending the sale of its assets. The Debtor also took steps to maintain its trained and readily available workforce in place while beginning the process of concentrating its operations.

Jackson 4331214v1

Case 09-02016-ee Doc 114 Filed 09/02/09 Entered 09/02/09 16:13:29 Desc Main Page 30 of 50 Document

#### Regions Bank

Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201

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00039286 01 AV 0.335 001 PREVALENCE HEALTH LLC CHAPTER 11 DEBTOR IN POSSESSION CASE NO#09-02016-EE 4270 I 55 N STE 102 JACKSON MS 39211-6394

**ACCOUNT #** 

0101894579

Cycle **Enclosures** Page

26 0 1 of 1

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#### **COMMERCIAL ANALYZED CHECKING**

July 22, 2009 through July 31, 2009

HILLER STATE OF THE PROPERTY O			MARY	redalasterisking george agent segment en benjament styller fer året
Beginning Balance Deposits & Credits Withdrawals Fees	\$0.00 \$100.00 \$0.00 \$0.00	+	Minimum Balance	<b>\$0</b>
Automatic Transfers Checks Ending Balance	\$0,00 \$0,00 <b>\$100,00</b>	+		

DEPOSITS/&/CREDITS							
07/23	Deposit - Thank You				100.00		
		DAILY BALAI	NCE SUMMARY				
Date	Balance	Date	Balance	Date	Balance		
07/23	100.00			•			

You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.

For all your banking needs, please call 1-800-REGIONS. or visit us on the Internet at www.regions.com. Thank You For Banking With Regions!

Reconciliation Summary - 1001 Regions

Page 1 of 1

# Prevalence Health, LLC Reconciliation Summary - 1001 Regions As of 7/31/2009

	Balance
Reconciled	
Cleared Deposits and Other Credits	1,203,838.91
Cleared Checks and Payments	(1,319,218.63)
Total - Reconciled .	(115,379.72)
Last Reconciled Statement Balance - 6/30/2009	618,768.54
Current Reconciled Balance	503,388.82
Reconcile Statement Balance - 7/31/2009	503,388.82
Difference	0.00
Unreconciled	
Uncleared	
Deposits and Other Credits	14,407.52
Checks and Payments	(21,152.24)
Total - Uncleared	(6,744.72)
Cleared	
Deposits and Other Credits	1,577.64
Total - Cleared	1,577.64
Total as of 7/31/2009	498,221.74
Outstanding Ms Medizoid deposit	15,074.24
	513,396
·	51317

Document

Reconciliation Detail - 1001 Regions

Page 33 of 50

Page 1 of 5

# Prevalence Health, LLC Reconciliation Detail - 1001 Regions As of 7/31/2009

	Date No.	Balance
deconciled	AND THE PROPERTY OF THE PROPER	
Cleared Deposits and Other Credits		
Deposit	7/1/2009	111.4
Deposit	7/1/2009	6,427.9
Deposit	7/1/2009	165.7
Deposit	7/1/2009	1,162.3
Deposit	7/1/2009	825.9
Deposit	7/1/2009	44,009.
Deposit	7/2/2009	48.
Deposit	7/2/2009	10,389.
Deposit	7/2/2009	54.
Deposit	7/2/2009	68,139.
Deposit	7/2/2009	60.
Deposit	7/2/2009	6,324
Deposit	7/3/2009	10
Deposit	7/6/2009	145
Deposit	7/6/2009	160
Deposit	7/7/2009	4
Deposit	7/7/2009	16,108
Deposit	7/7/2009 .	685
Deposit	7/7/2009	61,954
Deposit	7/7/2009	7,792
Deposit	7/7/2009	42
Deposit	7/7/2009	282
Deposit	7/7/2009	21,872
Deposit	7/8/2009	56,977
Deposit	7/8/2009	36
Deposit	7/8/2009	103
Deposit	7/8/2009	1,15
Deposit ·	7/9/2009	6,21
Deposit	7/9/2009	8,64
Deposit	7/9/2009	55,84
Deposit	7/9/2009	•
Deposit	7/9/2009	11.
Deposit	7/9/2009	134,04
Deposit	7/9/2009	2
Deposit	7/10/2009	11,80
Deposit	7/10/2009	21
Deposit	7/13/2009	1,02
Deposit	7/13/2009	6
Deposit	7/14/2009	71,84
Deposit	7/14/2009	16
Deposit	7/14/2009	22,74
Deposit	7/14/2009	13
Deposit	7/15/2009	53,16
Deposit	7/15/2009	16
Deposit	7/15/2009	8
Deposit	7/15/2009	
Deposit	7/15/2009	74
Deposit	7/15/2009	13,05
Deposit	7/15/2009	90
Deposit	7/16/2009	90
Deposit Deposit	7/16/2009	6,81

Reconciliation Detail - 1001 Regions

Document Page 34 of 50 Page 2 of 5

ID	Date N	lo.	Balance
Deposit	7/16/2009		22,809.00
Deposit	7/16/2009		13,451.68
Deposit	7/16/2009		3.00
Deposit	7/16/2009		455.91
Deposit	7/16/2009		61,024.22
Deposit	7/17/2009		58.84
Deposit	7/17/2009		12,387.43
Deposit	7/17/2009	•	284.55
Deposit	7/17/2009		50.00
Deposit	7/20/2009		2,485.05
Deposit	7/20/2009		60.00
Deposit	7/21/2009		248.25
Deposit	7/21/2009		403.63
Deposit	7/21/2009		224.97
Deposit	7/21/2009		22,448.06
Deposit	7/21/2009		5,874.17
Deposit	7/21/2009	•	41,700.61
Deposit	7/21/2009		82.30
Deposit	7/21/2009		28,220.02
Deposit	7/22/2009		44,443.08
Deposit	7/22/2009		41.57
Deposit	7/22/2009		1,477.26
Deposit	7/23/2009		52,497.55
Deposit	7/23/2009		926.69
Deposit	7/23/2009		19,195.27
Deposit	7/23/2009		5.00
Deposit	7/23/2009	•	17,893.89
Deposit	7/23/2009		6,881.39
Deposit	7/24/2009		85.89
Deposit	7/24/2009		71.50
Deposit	7/27/2009		606.26
Deposit	7/27/2009		4.30
Deposit	7/27/2009		12.00
Deposit	7/27/2009		48.40
Deposit	7/27/2009		34,993.66
Deposit	7/28/2009		63,902.47
Deposit	7/28/2009		321.71
Deposit	7/29/2009		33,362.53
Deposit	7/29/2009		1,368.75
Deposit	7/29/2009		55.41
Deposit	7/30/2009		8,126.57
Deposit	7/30/2009		5,900.77
Deposit	7/30/2009		9.68
Journal	7/31/2009	338	6,401.8
Total - Cleared Deposits and Other Credits			1,203,838.9
Cleared Checks and Payments		•	•
Bill Payment		61093	(292.48
Bill Payment		61092	. (77.03
Check .		wire 7 1 2009	(69,760.92
Check		wire 7 1 2009	(44,311.00
Bill Payment		Wire pmt1	(6,912.00
Bill Payment		Wire 7 1 2009	(10,806.41
Bill Payment		61094	(1,372.23
Check		wire 7 2 2009	(500.00
Check		wire 7 2 2009	(93.00
Bill Payment		61090	(2,901.94
Bill Payment		61091	(10,939.55
Check	7/3/2009	wire 7 3 2009	(200.00

Reconciliation Detail - 1001 Regions

Page 3 of 5

		Date	No.	Balance
unii Aran ya	Check	7/6/2009	wire 7_6_09	(68,877.64
	Bill Payment	7/6/2009	61098	(625.77
	Bill Payment	7/6/2009	61095	(664.00
	Bill Payment	7/6/2009	61111	(1,682.66
	Bill Payment	7/6/2009	61113	(7,737.50
	Bill Payment	7/6/2009	61119	(1,306.7
	Bill Payment	7/6/2009	61116	(396.8
	Bill Payment	7/6/2009	611 <b>1</b> 5	(2,656.0
	Bill Payment	7/6/2009	61096	(90.0
	Bill Payment	7/6/2009	61102	(99.0
	Bill Payment	7/6/2009	61122	(383.3
	Bill Payment	7/6/2009	61121	(204.8
	Bill Payment	7/6/2009	61120	(10,977.0
	Bill Payment	7/6/2009	61117	(420.0
	Bill Payment	7/6/2009	61107	(687.
	Bill Payment	7/6/2009	61097	(884.5
	Bill Payment	7/6/2009	61108	(341.
	Bill Payment	7/6/2009	61099	(65.
	Bill Payment	. 7/6/2009	61103	(1,548.
	Bill Payment	7/6/2009	61114	(156.
	Bill Payment	7/6/2009	61109	(450.
	Bill Payment	7/6/2009	61106	(3,318.
	Bill Payment	7/6/2009	61110	(52.
	Bill Payment	7/6/2009	61118	(1,579.
	Bill Payment	7/6/2009	61100	(160.
	Bill Payment	7/6/2009	61105	(525
	Bill Payment	7/6/2009	61101	(400
	Check	7/7/2009	wire 7 7 09	(52,728
		7/7/2009	6.1126	(230
	Bill Payment	7/7/2009	Wire7/7/09	(1,248
	Bill Payment Check	7/8/2009	wire 7 8 09	(38,983
	Bill Payment	7/8/2009	Wire 7/7/09	(580)
		7/8/2009	61127	(1,707
	Bill Payment	7/8/2009	61130	• .
	Bill Payment		61128	(1,245
	Bill Payment	7/8/2009		(291
	Check	. 7/9/2009	wire 7 9 09	(865
	Check	7/9/2009	wire 7 9 09	(500
	Check	7/9/2009	wire 7 9 09	(59,600
	Bill Payment	7/9/2009	61131	(45)
	Bill Payment	7/9/2009	Wire 7 10 09	(2,236
	Check	7/10/2009	wire 7 10 09	(16,752
	Check	7/13/2009	wire 7 13 09	(63,488
	Check	7/13/2009	wire'7 13 2009	(1,379
	Bill Payment	7/13/2009	61143	(76
	Bill Payment	7/13/2009	61146	(12)
	Bill Payment	7/13/2009	wire 7/13/09	(1,37
	Bill Payment	7/13/2009	61136	(1
	Bill Payment	7/13/2009	61145	(12,85
	Bill Payment	7/13/2009	61141	(5)
	Bill Payment	7/13/2009	61134	(1,74
	Bill Payment	7/13/2009	61140	(3
	Bill Payment	7/13/2009	61137 <sub>.</sub>	(1
	Bill Payment	7/13/2009	61148	(17
	Bill Payment	7/13/2009	61138	(45
	Bill Payment	7/13/2009	61139	(20
	Bill Payment	7/13/2009	61147	(2,05
	Bill Payment	7/13/2009	61135	(2,53
	Check	7/14/2009	wire 7 14 09	(50

Reconciliation Detail - 1001 Regions

Page 4 of 5

		Date "	No.	Balanc
114407555	Check	7/14/2009·	Wire 7 14 2009 .	(39,138.9
	Bill Payment	7/14/2009	61149	(11,103.5
	Check	7/15/2009	Wire 7 15 09	(38,333.2
	Check	7/16/2009	wire 7 16 09	(37,877.4
	Check	7/16/2009	wire 7 16 09	(4,024.1
	Bill Payment	7/16/2009	61150	(77.0
	Check	7/17/2009	wire 7 17 09	(200.0
	Check	7/20/2009	wire 7 20 09	(45,389.9
	Check	7/20/2009	wire 7 20 09	(33.6
	Check	7/20/2009	Wire 7 20 09	(20.
	Bill Payment	7/20/2009	61152 ·	(185.
	Bill Payment	7/20/2009	61168	(1,913.
	Bill Payment	7/20/2009	61179	(6,500.
	Bill Payment	7/20/2009	61163	(131.
	Bill Payment	7/20/2009	61160	(10.
	Bill Payment	7/20/2009	61157	(1,910.
	Bill Payment	7/20/2009	61175	(569
	Bill Payment	7/20/2009	61164	(52
	Bill Payment	7/20/2009	61166	(125
	Bill Payment	7/20/2009	61165	(55
	Bill Payment	7/20/2009	61161	(55) (66)
	Bill Payment	7/20/2009	61176	(45
	Bill Payment	7/20/2009	61173	
	Bill Payment	7/20/2009	61156	(8,479
	Bill Payment	7/20/2009	61154	(75
	Bill Payment	7/20/2009	61153	(2,300
	Bill Payment			(625
	Bill Payment	7/20/2009	61170	(142
		7/20/2009	61151	(500
	Bill Payment	7/20/2009	61177	(2,820
	Bill Payment	7/20/2009	61172	(1,436
	Bill Payment	7/20/2009	61182	(120
	Bill Payment	7/20/2009	61171	(1,975
	Bill Payment	7/20/2009	61167	(114
	Bill Payment	7/20/2009	61159	(400
	Bill Payment	7/20/2009	61155	(3,312
	Bill Payment	7/20/2009	61181	(11,148
	Bill Payment	7/20/2009	61174	(178
	Check	7/21/2009	wire 7 21 09	(13,542
	Bill Payment	7/21/2009	61184	(76
	Bill Payment	7/21/2009	61186 ·	(6,224
	Bill Payment	7/21/2009	61185	(74
	Check	7/22/2009	wire 7 22 09	(10,35
	Bill Payment	7/22/2009	Wire 7/20/09	(1,52)
	Bill Payment	7/22/2009	Wire 7/16/09	(45
	Bill Payment	7/22/2009	61187	(7,90
	Bill Payment	7/22/2009	Wire pmt72209	(10,30
	Check	7/23/2009	wire 7 23 09	(21,30
	Transfer	7/23/2009		(10
	Bill Payment	7/23/2009	Wire 7/23/09	(2,71
	Check	7/24/2009	wire 7 24 09	(11,47)
	Check	7/24/2009	wire 7/24/09	(20
	Bill Payment	7/24/2009	61188	(72
	Bill Payment	7/24/2009	Wire 7/24/09	•
	Check	7/27/2009	Wire 7/27/09	(3,65
	Bill Payment			(34,81
	Bill Payment	7/27/2009 7/27/2009	61190 61191	(88
	Bill Payment	7/27/2009 7/27/2009	61191 61195	(1,42
	Dir Cavillell	(12(12009	DUMD	(32

Document

Page 37 of 50

Reconciliation Detail - 1001 Regions

Page 5 of 5

·	Date	No.	Balance
Bill Payment	7/27/2009	61189	(210.00)
Bill Payment	7/27/2009	61194	(49.20 <b>)</b>
Bill Payment	7/27/2009	61199	(9,226.36)
Bill Payment	7/27/2009	61196	(50.02)
Check	7/28/2009	Wire 7 28 09	(38,569.80)
Check	7/29/2009	Wire 7 29 09	(71,456.88)
Deposit	7/29/2009		(5.40)
Check	7/30/2009	Wire 7 30 09	(1,000.00)
Check	7/30/2009	Wire 7 30 09	(58,249.29)
Bill Payment	7/30/2009	Wire 7 29 09	(7,656.00)
Check	7/31/2009	Wire 7 31 09	(59,726.58)
Journal	7/31/2009	839 .	(118.48)
Journal	7/31/2009	837	(188,825,45)
Bill Payment	7/31/2009	Wire7/31/09	(1,890.00)
Bill Payment	7/31/2009	Wire 7 30 09	(11,766.91)
Agent and the contract of the		TABLE 1 OF THE PROPERTY OF THE PROPERTY OF	and the first of the contraction and the form of the contraction of th
Total - Cleared Checks and Payments			(1,319,218.63)
Total - Reconciled		•	(115,379.72)
Last Reconciled Statement Balance - 6/30/2009			618,768.54
Current Reconciled Balance			503,388.82
Reconcile Statement Balance - 7/31/2009			503,388.82
Difference			0.00
Unreconciled			
Uncleared			
Deposits and Other Credits			
Journal	7/6/2009	809	11,103.57
Journal	7/6/2009	810	143.95
Journal Total - Deposits and Other Credits	7/15/2009	834	3,160.00 14,407.52
Checks and Payments	42/20/2009	COSEA	(500.00)
Bill Payment	12/29/2008	60354	(500.00)
Bill Payment	1/5/2009	60429	(564.00)
Bill Payment	3/4/2009	60694	(658.40)
Bill Payment	3/9/2009	60704	(309.37)
Bill Payment	4/7/2009	60814	(300.00
Check	5/22/2009	eft 05 22 09	(200.00
Bill Payment	5/26/2009	61018	(54.00
Bill Payment	6/5/2009	61061	(18.90
Bill Payment	6/9/2009	61063	(770.00
Bill Payment	7/6/200 <b>9</b>	61104	(143.95
Bill Payment	7/6/2009	61123	(11,103.57
Bill Payment	7/6/2009	61112	(3,160.00
Bill Payment	7/20/2009	61178	(14.00
Bill Payment	7/20/2009	61162	(160.02
Bill Payment	7/00/0000	61169	(1,386.78
•	7/20/2009		(1,300.70
Bill Payment	7/27/2009	61197	
			(85.86
Bill Payment	7/27/2009	61197	(85.86 (1,579.44
Bill Payment Bill Payment Bill Payment	7/27/2009 7/27/2009 7/27/2009	61197 61198 61193	(85.86) (1,579.44) (143.95)
Bill Payment Bill Payment Bill Payment Total - Checks and Payments	7/27/2009 7/27/2009	61197 61198 61193	(85.86 (1,579.44 (143.95 (21,152.24
Bill Payment Bill Payment Bill Payment Total - Checks and Payments Total - Uncleared	7/27/2009 7/27/2009 7/27/2009	61197 61198 61193	(85.86 (1,579.44 (143.96 (21,152.24
Bill Payment Bill Payment Bill Payment Total - Checks and Payments Total - Uncleared Cleared	7/27/2009 7/27/2009 7/27/2009	61197 61198 61193	(85.86 (1,579.44 (143.95 (21,152.24
Bill Payment Bill Payment Bill Payment Total - Checks and Payments Total - Uncleared Cleared Deposits and Other Credits	7/27/2009 7/27/2009 7/27/2009	61197 61198 61193	(85.86 (1,579.44 (143.95 (21,152.24 (6,744.72
Bill Payment Bill Payment Bill Payment Total - Checks and Payments Total - Uncleared Cleared Deposits and Other Credits Journal	7/27/2009 7/27/2009 7/27/2009	61197 61198 61193	(85.86 (1,579.44 (143.95 (21,152.24 (6,744.72
Bill Payment Bill Payment Bill Payment Total - Checks and Payments Total - Uncleared Cleared Deposits and Other Credits Journal Total - Deposits and Other Credits	7/27/2009 7/27/2009 7/27/2009	61197 61198 61193	(85.86 (1,579.44 (143.95 (21,152.24 (6,744.72 1,577.6
Bill Payment Bill Payment Bill Payment Total - Checks and Payments Total - Uncleared Cleared Deposits and Other Credits Journal	7/27/2009 7/27/2009 7/27/2009	61197 61198 61193	(85.86 (1,579.44 (143.95 (21,152.24 (6,744.72



Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201

# In Note to the North and the Analysis of the Indiana in the Indian

00105901 02 AT 0.482 002 PREVALENCE HEALTH LLC PO BOX 12648 JACKSON MS 39236-2648



9001277993

001 Cycle Enclosures 27 105 1 of 12 Page

# COMMERCIAL ANALYZED CHECKING July 1, 2009 through July 31, 2009

		SUM	MARY	
Beginning Balance Deposits & Credits Withdrawals Fees Automatic Transfers Checks Ending Balance	\$618,768.54 \$1,197,437.04 \$1,130,913.39 \$865.56 \$0.00 \$181,037.81 \$503,388.82	+ - + -	Minimum Balance	\$482,884

***********		
	DEPOSITS & CREDITS	
07/01	Deposit - Thank You	825.97
07/01	Deposit - Thank You	165.74
07/01	Unisys Corp Payment-LA Prevalence Hea 00234061055641	44,009.54
07/01	State of III Commercial 0006Prevalence Ah3537124001367	6,427.97
07/01	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	1,162.33
07/01	Merchant Service Merch Dep Health Allianc 8003547554	111.46
07/02	Deposit - Thank You	10,389.17
07/02	Deposit - Thank You	48.92
. 07/02	State of Florida Medicaid Prevalence Hea 022400600	68,139.52
07/02	State of Florida Medicaid Prevalence Hea 022400601	6,324.45
07/02	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	60.88
' 07/02	Merchant Service Merch Dep Health Allianc 8003547554	54.50
07/03	Merchant Service Merch Dep Health Allianc 8003547554	10,00
07/06	Deposit - Thank You	160.42
07/06	Deposit - Thank You	145.70
07/07	Deposit - Thank You	61,954.70
07/07	Deposit - Thank You	685.26
07/07	Memberhealth Cln Payment Tedsmeds.Recei 2109651	21,872.12
07/07	State of III Commercial 0006Prevalence Ah3561637001816	16,108.24
07/07	Memberhealth Cln Payment Tedsmeds.Recei 2107724	7,792.15
07/07	State of III Commercial 0006Prevalence Ah3561637001814	282.41
07/07	State of III Commercial 0006Prevalence Ah3561637001815	42.14
07/07	State of III Commercial 0006Prevalence Ah3561637001817	4.80
07/08	Deposit - Thank You	102.19
07/08	Unisys Corp Payment-LA Prevalence Hea 00234061056436	56,977.99
07/08	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	1,151.86
07/08	Merchant Service Merch Dep Health Allianc 8003547554	36.00
07/09	Deposit - Thank You	112.60
07/09	Regions Bank Acct Trans MS364174656 Ccooley	134,040.37
07/09	State of Florida Medicaid Prevalence Hea 022400600	55,847.18
07/09	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949090704	8,649.35
07/09	State of Florida Medicaid Prevalence Hea 022400601	6,213.68
07/09	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00330698090704	21.14
07/09	Merchant Service Merch Dep Health Allianc 8003547554	2.00



Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201

Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002

Merchant Service Merch Dep Health Allianc 8003547554

Unisys Corp Payment-LA Prevalence Hea 0023406105748 State of III Commercial 0006Prevalence Ah3711615001824

Acct Trans MS364174656 Ccooley

Commercial 0006Prevalence Ah3797930003053

Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949090711

Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002 EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A

Merchant Service Merch Dep Health Allianc 8003547554 State of III Commercial 0006Prevalence Ah3711615001825

State of Florida Medicaid Prevalence Hea 022400600

State of Florida Medicaid Prevalence Hea 022400601.

Credits Prevalence Hea Merchant Service Merch Dep Health Allianc 8003547554

Merchant Service Merch Dep Health Allianc 8003547554

Merchant Service Merch Dep Health Allianc 8003547554

Memberhealth Cln Payment Tedsmeds.Recei 2118721

Memberhealth Cln Payment Tedsmeds,Recei 2116758 State of III Commercial 0006Prevalence Ah3797930003051

Unisys Corp Payment-LA Prevalence Hea 00234061058452 Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002

Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949090718

Ngs inc 17003 Dtc Depos Prevalence Hea 1232650002 State of III Commercial 0006Prevalence Ah3797930003052

Merchant Service Merch Dep Health Allianc 8003547554

Deposit - Thank You Deposit - Thank You State of Florida Medicaid Prevalence Hea 022400600

Regions Bank Acct Trans MS364174656 Ccooley

State of Florida Medicaid Prevalence Hea 022400601

Merchant Service Merch Dep Health Allianc 8003547554 Deposit - Thank You

Payment-LA Prevalence Hea 00234061057483

PREVALENCE HEALTH LLC PO BOX 12648 JACKSON MS 39236-2648

Deposit - Thank You Deposit - Thank You Deposit - Thank You

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	ACCOUNT #	9001277993
	Ovela	001
	Cycle	27
	Enclosures	105 2 of 12
	Page	20112
<b>DEPOSITS &amp; CREDITS (CONTINUED)</b>		
DEPOSITS & CITEDITS (CONTINUED)		
		11,808.11
		212.85
		22,748.91
		169.10
os Prevalence Hea 1232650002	•	1,027.32
Dep Health Allianc 8003547554		69.00
		71,848.28 134.51
	•	749.40
-LA Prevalence Hea 00234061057483		53.167.93
0006Prevalence Ah3711615001824		13,058.53
oos Prevalence Hea 1232650002		900.68
)h 1821009333 Pre 200810340A		164.69
Dep Health Allianc 8003547554		81.60
I 0006Prevalence Ah3711615001825		3.00
		455.91
LD 1 11 000 400000		42.30
Prevalence Hea 022400600		61,024.22
ans MS364174656 Ccooley I Prevalence Hea 022400601		22,809.00 13,451.68
-EFT Prevalence Hea 00440949090711	•	6,814.82
Dep Health Allianc 8003547554	•	3.00
Dop Hould Americ Goods I Con		12,387,43
		50.00
evalence Hea		284.55
Dep Health Allianc 8003547554		58.84
		2,485.05
Dep Health Allianc 8003547554		60.00
		41,700.61 82.30
nent Tedsmeds.Recei 2118721		28,220.02
al 0006Prevalence Ah3797930003053		22,448.06
nent Tedsmeds,Recei 2116758	•	5,874.17
al 0006Prevalence Ah3797930003051		403.63
pos Prevalence Hea 1232650002		248,25
al 0006Prevalence Ah3797930003052		224.97
nt-LA Prevalence Hea 00234061058452		44,443.08
pos Prevalence Hea 1232650002		1,477.26
Dep Health Allianc 8003547554		41.57 19,195.27
		5.00
d Prevalence Hea 022400600		52,497.55
rans MS364174656 Ccooley		17,893.89
d Prevalence Hea 022400601	,	6,881.39
n-EFT Prevalence Hea 00440949090718		926.69
		71.50
n Dep Health Allianc 8003547554		85.89

34,993.66

48.40

12.00

# Regions Bank

Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201

PREVALENCE HEALTH LLC PO BOX 12648 JACKSON MS 39236-2648



		ACCOUNT #	9001277993
		Cycle Enclosures Page	001 27 105 3 of 12
	DEPOSITS & CREDITS (CONTI	NUED)	
07/27 07/27 07/28 07/28 07/29 07/29 07/29 07/30 07/30	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002 Merchant Service Merch Dep Health Allianc 8003547554 Deposit - Thank You State of Ill Commercial 0006Prevalence Ah3857669001635 Deposit - Thank You Unisys Corp Payment-LA Prevalence Hea 00234061059302 Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002 Deposit - Thank You State of Florida Medicaid Prevalence Hea 022400601 Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	Total Deposits & Credits	606,26 4.30 63,902.47 321.71 55.41 33,362.53 1,368.75 8,126.57 5,900.77 9.65
		I viai peposiis a Orealis	Ψ1,137,437.04
	WITHDRAWALS		
07/01	Wire Transfer American Recie	•	69,760.92
	Wire Transfer American Recie		44,311.00
07/01			6,912.00
07/01	Wire Transfer Home Diagnosti		
07/01	Pay Systems of A 6207 Payrl Prevalence Hea 6207 6207		34,374.92
07/01	Blue Cross of MS Insur Prem Prevalence Hol 0041599		10,806.41
07/01	Staples Quill CO Echeck Chris Cooley 1155374372		77.03
07/02	Pay Systems of A Tax Col Health Allianc		15,163,82
07/02	Pitney Bowes Postage Prevalence Hea 37069390	·	500.00
07/02	Merchant Service Merch Fee Health Allianc 8003547554		93.00
07/02	Pitney Bowes Postage Prevalence Hea 42906255	•	200.00
	Wire Transfer American Recie		68,877.64
07/06			
. 07/07	Wire Transfer American Recie		52,728.57
07/07	Wire Transfer Home Diagnosti		1,248.00
07/07	Wire Transfer Emily Corp		580.01
07/08	Wire Transfer American Recie		38,983.57
07/08	Staples Quill CO Echeck quill 1250304481	•	230.24
07/09	Wire Transfer American Recie		59,600.81
07/09	Pitney Bowes Postage Prevalence Hea 37069390		500.00
07/10	Wire Transfer American Recie	,	16,752.04
07/10	American Express Elec Remit Stacey L Holt 090709063242802		2,236.98
07/13	Wire Transfer American Recie		63,488.03
07/13	Wire Transfer American Recie		1,379.45
07/13	Wire Transfer Bayer Corporat		1,379.45
07/14	Wire Transfer American Recie		39,138.93
07/14	Pitney Bowes Postage Prevalence Hea 37069390	•	500.00
07/14	Wire Transfer American Recie		38,333.24
	Wire Transfer American Recie		37,887.44
07/16	*****		4,024.10
07/16	Wire Transfer American Recie		
07/16	Wire Transfer Emily Corp.		453.95
07/16	Pay Systems of A 6207 Payrl Prevalence Hea 6207 6207		35,248.79
07/17	Wire Transfer Emily Corp	•	1,527.87
07/17	Pay Systems of A Tax Col Health Allianc		14,511.58
07/17	Pitney Bowes Postage Prevalence Hea 42906255		200.00
07/17	Staples Quill CO Echeck quill 1251130841		77.03

Doc 114 Filed 09/02/09 Entered 09/02/09 16:13:29 Desc Main Case 09-02016-ee Document Page 41 of 50

# Regions Bank

Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201



PREVALENCE HEALTH LLC PO BOX 12648 JACKSON MS 39236-2648

					•	
					ACCOUNT #	9001277993
		•			Cycle Enclosures Page	001 27 105 4 of 12
		WITI	HDRAWALS (C	CONTINUED)		
07/20 07/20 07/20 07/20 07/21 07/22 07/22 07/23 07/23 07/23 07/24 07/24 07/24 07/27 07/28 07/29 07/29 07/30 07/30 07/30 07/31 07/31	Rtrn Depstd Itm # of Wire Transfer Ameri Intuit 8004Intu Wire Transfer Ameri Wire Wire Wire Wire Wire Wire Wire W	can Recie it Chris Cooley can Recie can Recie can Recie can Recie Corp. ican Recie can Recie can Recie can Recie can Recie ican Recie ican Recie ican Recie can Recie corporat can Recie corporat can Recie corporat can Recie corporat	e Hea 42906255 	6207	Total Withdrawals	20.00 45,389.96 33.69 13,542.70 10,353.50 10,306.00 21,309.51 2,714.71 100.00 11,476.43 3,657.60 200.00 34,819.54 38,569.80 5.40 71,456.88 7,656.00 58,249.29 11,766.91 45,290.50 1,000.00 59,726.58 1,890.00 19,183.57 108.00
			FFES			
07/09	Analysis Charge	06-09	FEES			865.56
		-	CHECK	(S		
Date	Check No.	Amount		<u>Date</u>	Check No.	Amount
07/08 07/06 07/02 07/06 07/13 07/08 07/13 07/13 07/16	61090 61091 61093 * 61094 61095 61096 61097 61098 61099 61100	2,901.94 10,939.55 292.48 1,372.23 664.00 90.00 884.53 625.77 65.01 160.02		07/09 07/10 07/13 07/08 07/06 07/10 07/13 07/14 07/10	61101 61102 61103 61105 * 61106 61107 61108 61109 61110	400.00 99.00 1,548.13 525.00 3,318.75 687.15 341.00 450.56 52.05 1,682.66



# Regions Bank

Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201



PREVALENCE HEALTH LLC PO BOX 12648 JACKSON MS 39236-2648

ACCOUNT #

**Total Checks** 

\$181,037.81

9001277993

Cycle Enclosures Page

			CHECKS (CONTINUED)		
Date	Check No.	Amount	Date	Check No.	Amount
07/15 07/21 07/21 07/13 07/10 07/14 07/13 07/09 07/10 07/10 07/13 07/15	61113 * 61114 61115 61116 61117 61118 61119 61120 61121 61122 61127 *	7,737.50 156.59 2,656.08 396.85 420.00 1,579.44 1,306.77 10,977.05 204.80 383.39 1,707.15 291.50	07/27 07/27 07/27 07/27 07/24 07/27 07/28 07/30 07/29 07/29 07/28	61167 61168 61170 * 61171 61172 61173 61174 61175 61176 61177 61177	114.00 1,913.26 142.16 1,975.43 1,436.31 8,479.84 178.29 569.00 45.00 2,820.65 6,500.00 11,148.44
07/09 07/13 07/20 07/17 07/17 07/27 07/20 07/20 07/20 07/20 07/20 07/20	61130 * 61131 * 61134 * 61136 61137 61138 61139 61140 61141 51143 * 61145 *	1,245.78 453.75 1,741.54 2,534.00 17.89 19.95 450.56 206.72 35.33 52.95 764.41 12,858.73 120.00	07/27 07/28 07/23 07/28 07/28 07/24 07/30 07/31 07/31 07/29 07/31 07/31	61182 61184 61185 61186 61187 61188 61189 61190 61191 61192 61194 61195 61195	120.00 768.86 74.75 6,224.25 7,904.00 724.42 210.00 880.99 1,425.61 586.00 49.20 320.49 50.02
07/16 07/17 07/17 07/17 07/27 07/27 07/27 07/27 07/28 07/27 07/27 07/27 07/27 07/27 07/27 07/24 07/27	61147 61148 61149 61151 * 61152 61153 61154 61155 61157 61159 * 61161 61161 61163 * 61164 61165 61166	2,050.00 177.40 11,103.57 500.32 185.73 625.84 2,300.30 3,312.50 75.00 1,910.75 400.00 10.18 66.00 131.79 52.14 55.00 125.00	07/29 07/02 07/03 07/03 07/03 07/03 07/07 07/03 07/02 07/02 07/02 07/23 07/17 07/20 07/23 07/17	61199 * 910386 * 910462 * 910467 * 910468 910474 910475 910476 910477 910478 910479 910481 * 910482 910483 910484 910491 *	9,226.36 626.03 629.30 668.91 2,669.90 3,355.13 619.13 587.90 507.15 734.81 2,250.57 839.52 639.99 627.79 612.25

<sup>\*</sup> Break In Check Number Sequence.

## Regions Bank

Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201



PREVALENCE HEALTH LLC PO BOX 12648 JACKSON MS 39236-2648

ACCOUNT #

9001277993

Cycle Enclosures Page

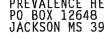
,		DAILY BALAN	ICE SUMMARY		
Date	Balance	Date	Balance	Date	Balance
07/01	505,229.27	07/13	619,401.06	07/23	795,481.07
07/02	572,476.33	07/14	650,874,36	07/24	777,886,91
07/03	567,086.97	07/15	669,248,14	07/27	752,514.66
07/06	482,884.92	07/16	694,024,77	07/28	745,503,51
07/07	533,715.03	07/17	673,571.17	07/29	691,314,56
07/08	549,252.32	07/20	626,668,26	07/30	588,135.85
07/09	690.219.72	07/21	709.501.08	07/31	503,388.82
07/10	670,769,75	07/22	734,803,49		

You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.

For all your banking needs, please call 1-800-REGIONS. or visit us on the internet at www.regions.com.

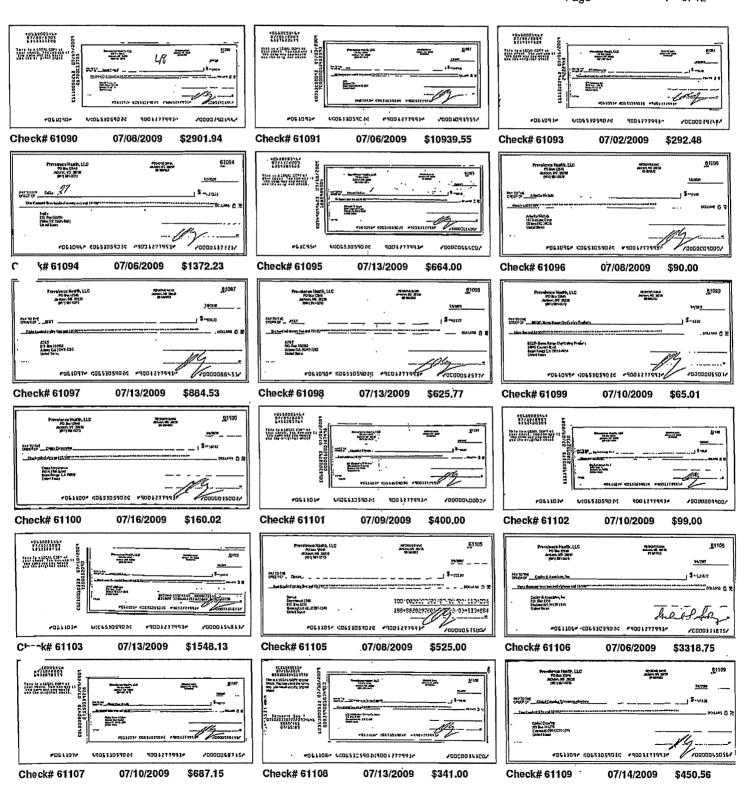
Thank You For Banking With Regions!

Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201



PREVALENCE HEALTH LLC PO BOX 12648 JACKSON MS 39236-2648

ACCOUNT # 9001277993 Page 7 of 12



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07/15/2009

\$1682.66

#### Regions Bank

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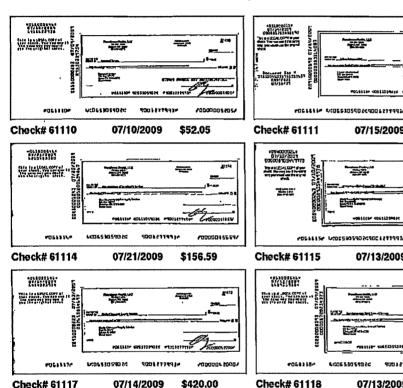
PREVALENCE HEALTH LLC PO BOX 12648

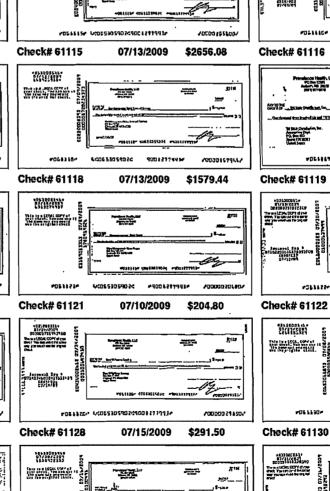


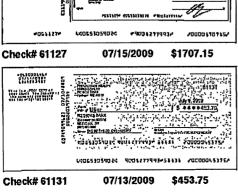
Page 8 of 12 The family of the same Property beat of -061111 20C007737502 Check# 61113 07/15/2009 \$7737.50 PORTAGE 0006532590209003177991# /D0000039165/ Check# 61116 07/10/2009 \$396.85 **B1112** MODELLA PE 7777 AUTONE VOLUME COLUMN C. PRODEZZZZANA - 10000130177 Check# 61119 07/09/2009 \$1306.77 A TEMPORETONE 20 -#361612 W/085505902450061779914 /00000018339/ Check# 61122 07/13/2009 \$383,39

ACCOUNT #

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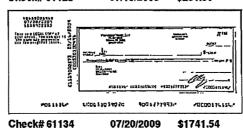
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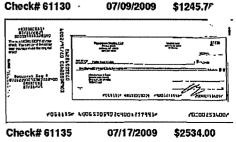
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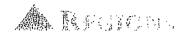
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Page 46 of 50



## Regions Bank

Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201



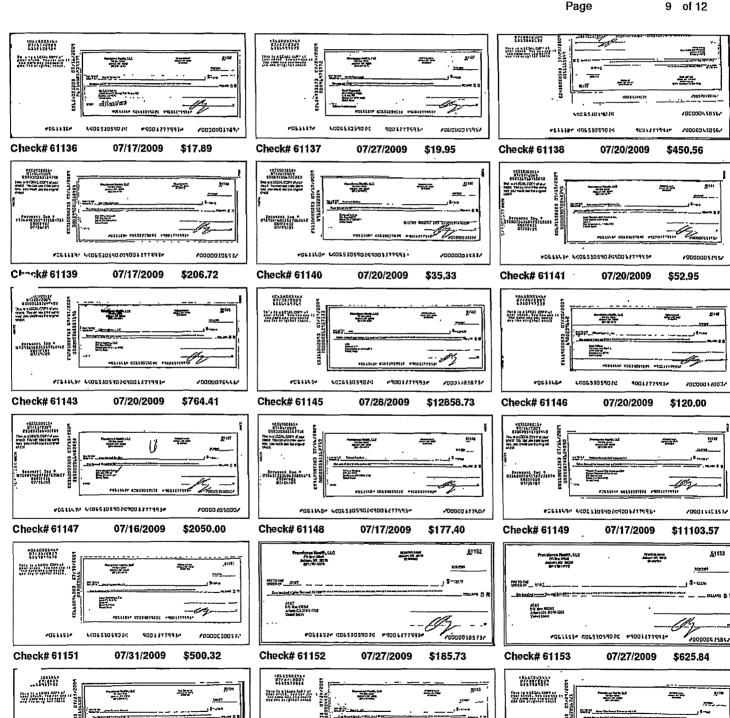
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07/27/2009

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PREVALENCE HEALTH LLC PO BOX 12648 JACKSON MS 39236-2648

ACCOUNT # 9001277993



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Check# 61155

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Check# 61156

\$3312.50

07/27/2009

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07/30/2009

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\$75.00

Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201

PREVALENCE HEALTH LLC PO BOX 12648 JACKSON MS 39236-2648

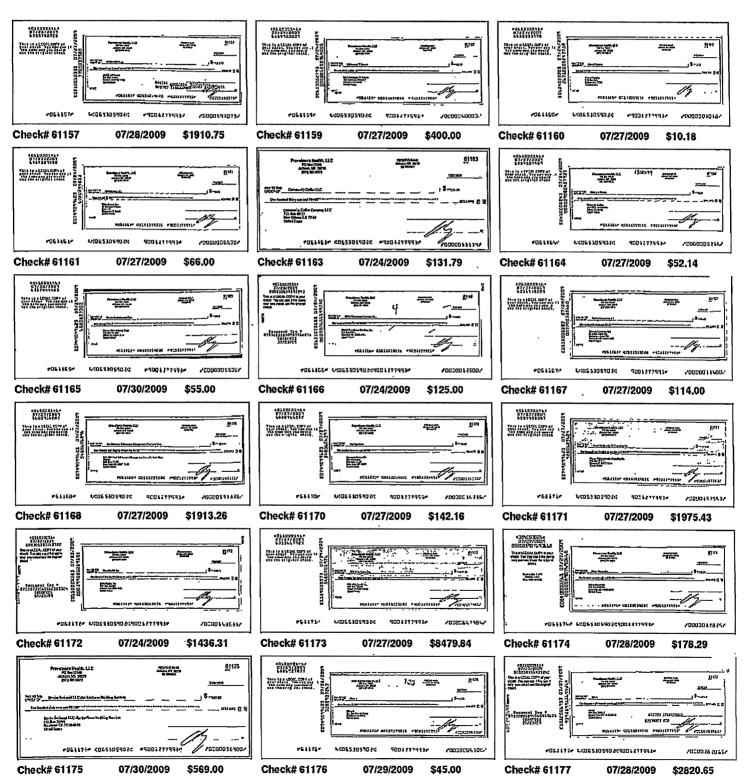


ACCOUNT #

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Page

10 of 12

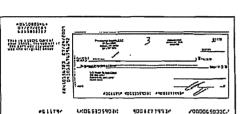


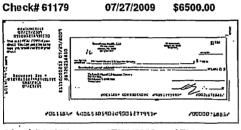
Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201



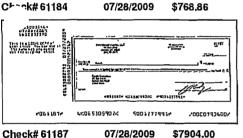
PREVALENCE HEALTH LLC PO BOX 12648 JACKSON MS 39236-2648

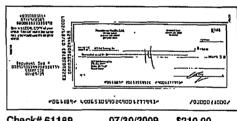
ACCOUNT # 9001277993 Page 11 of 12 PRESIDENT. 12/67/6791 12/67/6791 this to pirch they of the last the last the straight of the st 1416 to a 18CH 15CT of -----400 : 18 to 41:06510590 81 ¥90012779934 CG2 1 12 20 U2365 E0590 2d Check# 61181 07/23/2009 \$11148.44 Check# 61182 07/27/2009 \$120.00 #52400032L# 07/27/2007 07/27/2007 61185 MICHIGHA MICHIGAN MIC Asking marging by the many thirty garnell that by the man ipe a strong frank by for, SETTOTAL TREE PARKETS Carlotte 140 \*061185\* <065305901< \*9061277993\* \*DETINES PHOE230240104001541443\* \00000E 11425\ Check# 61185 07/23/2009 \$74.75 Check# 61186 07/28/2009 \$6224.25 **Q1188** 1200 160000714411 +061166+ #0657059024 P9001277991+ \*\*\*\*\*\*\* 4006510590249006277993\* /00000 t1000. Check# 61188 07/24/2009 \$724.42 Check# 61189 07/30/2009 \$210.00 61192 ACCOUNT TO #3t#: #061191 440653059074904877993# /0000 142561/ POSLET! COASSOSTORC #9601277493# Check# 61191 07/31/2009 \$1425.61 Check# 61192 07/29/2009 \$586.00 111164911 1,130 -FE 1145# **∤**00000 1 105 4 Check# 61195 07/31/2009 \$320.49





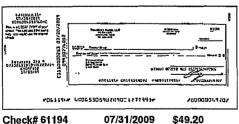




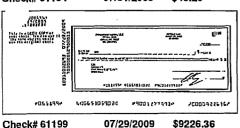


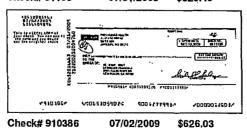


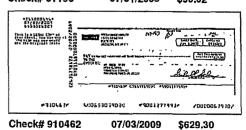












Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201

PREVALENCE HEALTH LLC PO BOX 12648 JACKSON MS 39236-2648

F400 F575443

\$668.91

hie OPLO

\$587.90

\$627.79

Check# 910491

07/31/2009

\$612.25

Check#0

07/23/2009

\$100.00

07/03/2009

07/21/2009



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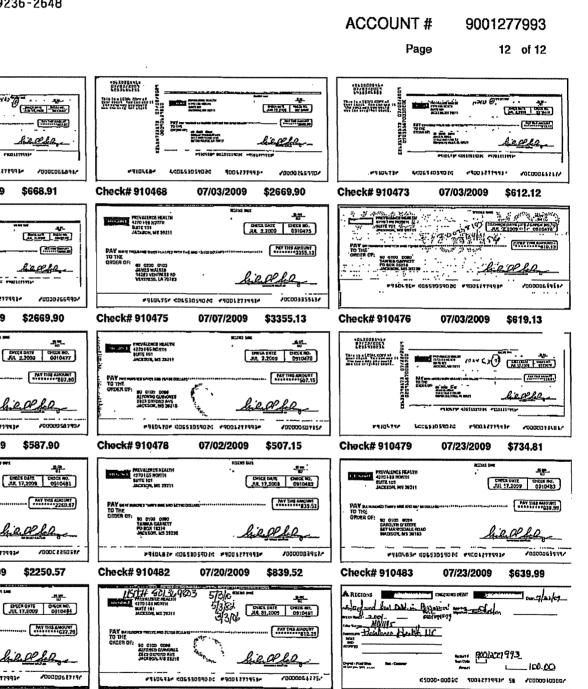
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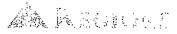
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07/02/2009

07/17/2009

07/17/2009





# **Easy Steps to Balance Your Account**

#### Checking Account

		710004111
1.	Write here the amount shown on statement for ENDING BALANCE	\$
2.	Enter any deposits which have not been credited on this statement.	\$
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$

4a List any checks, payments. transfers or other withdrawals from your account that are not on this statement.

Check No.	Amou	nt
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Enter in Line 4 at Left	\$	

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

Summary of Our Error Resolution Procedures In Case of Errors or Questions About Your Electronic Transfers Telephone us toll-free at 1-800-444-2867 (or, if in Birmingham area, 326-5667) or write us at Regions Electronic Funds Transfer Services
Post Office Box 413 Birmingham, Alabama 35201

As soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

EB - Electronic Banking

NSF - Nonsufficient Funds

CR - Credit APY - Annual Percentage Yield

SC - Service Charge FWT - Federal Withholding Tax OD - Overdrawn \*Break in Number Sequence